MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY Mary Land . COUNTY Anne Arunde MARYLAND b. CITY OR TOWN (It outside corporate limits, write RURAL E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nettres! lown! Marley Park. P. O. Glen Burnie. Severn d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO D Marley Greek Community Beach Brodsky Trailer Camp NAME OF Middle PATE Year DECEASED OF DEATH (Type or print) June 16th 19 57 Georges Albert Arnold Jr. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 5. SEX 9. AGE (In years) IFUNDER TYEAR IF UNDER 24 HRS. tost birthday) Months Hours WIDOWED [DIVORCED [yes. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 2 74 during most of working life, even if retired) Baltimore . Md None moy as 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME boges Pages Juanita P. Georges Albert Arnold Sr. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) Give Mrs. G.A. Arnold. (Mother None 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Accidental Drowning Sudden IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse DUE TO (o), stoting the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED? NO T 20g. EXTERNAL CAUSE WAS PRIMARY To CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) Drowning 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, Month, Day, Year 20f. (City or lown) (County) factory, street, office bldg., etc.) While Not white X of work of work p. m. Marley Creek Marley Park. 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection XI. Inquiry X, and find that death resulted from: Natural causes Accident 1 Suicide . Homicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER 00 SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER [7] NAME (Type) Gustave H. Faubert.M

22c. NAME OF CEMETERY OR CREMATORY

VS. ATSME(S) 5M P/55

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220. BURIAL, CREMATION, 22b. DATE THEREOF

DEPUT

24g, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

22d. LOCATION (City, lown, or county)

(Stote)

(Slate)

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-MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Hopping Funeral

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH

Reg. Dist. No.

	LACE OF DEATH COUNTY Anne	Arundel		MARY	18	2. USUAL RESIDENCE (W	here deceased	l lived. If instituti b. COUNTY		ce before a	dmission)		
	RURAL and give n	If autside corporate limi	ts, write	E. LENGTH OF STAY	NIb	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	A	aurel. Md.		8 yrs.		117 - 11th	St. NE	. Washin	gton, l	D.C.			
	OR INSTITUTION	TAL (If not in hospital, g	Lauf	oddress) Md.	-	d STREET ADDRESS		4	7x-3	e. I	S RESIDENCE		
_		Training Sc			1.41	iter, iii -	1	to a TAIL		Y	ES NO I		
	NAME OF DECEASED Type or print)	Fic Les	lie	Ann		Bayha	4. DATE OF DEATH	Ju	ne	27	19 ⁵⁷		
5. 5	ex female	6. COLOR OR RACE	7. MARI	DIVORCED		12/9/46		9. AGE (In years last birthday) 10: yrs.	Months		UNDER 24 HBS .		
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	during most of wor	king life, even if retired)			Washingt	on, D.	_		US			
13.	FATHER'S NAME					14. MOTHER'S MAIDEN							
	Robert	E. Bayha				Ida Johnso	n Bayh	a					
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.		ORMANT		Add					
	-	to had then you do noted on t	,	~	Di	strict Train	ing Sc	hool, Chi	ldren	's Cer	nter,		
AL CERTIFICATION	Conditions, if o gove rise to i couse (o), stoling lying couse last. PART II. OTI 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	MER SIGNIFICANT CON	DITIONS OF	ZRIBE HOW INJURY	THE BUT N LURRED.	CE OF INJURY (Home, for	Port I or Port	If of item 18.)		ONSET	AL BETWEEN AND DEATH SAN TOPSY ERFORMED? S NO []		
MEDIC	Hour o.m. p. m.	19	While of wor	ed from Care	st.	ry, street, office bldg., at	AM, from	2.9., 19.5.) The couses of	Zthat I i	last saw	the decease		
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Wilfred I	R. Eh	Interest of rmantraut.	M.D.	6	ADDRESS (St	reet, city or town,	stote)		DATE SIGNE		
220	BURIAL, CREMATIC	N. 226. DATE THEREC	F	22c. NAME OF CEME	TERYOR	CREMATORY D	22d TOCAT	ION (City town.	or county)		(Stote)		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 21 TO FUN VS A15 (4) 15M P/55

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DESCRIPTION OF DEATH

John Horris Is 10% Redont

BUREAU E. S.

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C-27-57 Kolang Marthy

			588	4 CERTIFIC	ATE OF DEATH	1 ,	teg. Dist. No. 27
	1,	PLACE OF DEATH	Arundel	MARYLAND	2 USUAL RESIDENCE (WI	ere deceased fixed of institutions b. COUNTY	
	-	b. CITY OR TOWN I'F OU	tside corporate limits, v	rite c. LENGTH OF STAY IN 16	17	ulside corporate timits, write RUR	Anne Arundel AL ond give regrest town)
		Ft. George	G. Meade	3_days	- Killers		
		OR INSTITUTION	of not in hospital, give 7 Hospital	street address	d STREET ADDRESS	lox 59B	e 15 RESIDENT ON A FARM YES NO
		NAME OF DECEASED (Type or print)	Fim Marv	Middle Ellen	BLACK	4. DATE Month	Doy Yeor
	<u> </u>			MARRIED NEVER MARRIED	8. DATE OF BIRTH	V 34317	UNDER I YEAR IF UNDER 24
	_	Female	Cau wi	DOWED DIVORCED	25 June 57	yrs	Aonths Days Hours M
1	100	during most of working	Give kind of work done life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 1) BIRTHPLACE (Stole	or fareign country)	12. CITIZEN OF WHAT COU
-	L				Maryland		USA
	13.	FATHER'S NAME			14 MOTHER'S MAIDEN N	AME	
	115	Restee Ro	bert Black	114 50014 550100 119		oyce Strickland	
	{Ye		i, give war or dates of service	1	INFORMANT	Address	
	1	ID CAINE OF DEATH	DE atas and and an area	per tipe for (o), (b), and (c).]	ospital Record	3	
		PART I, DEATH Y	WAS CAUSED BY.	per libe for (of, (b), and (c).	land Hi	eart failure	INTERVAL BETWE
		7537	MEDIATE CAUSE (0)	Major central ne	5200 A 1 III	7.1.1	
		Conditions, if any,		nasor Com	trae congen	ital anormality	3
		gove rise to imme couse (o), stating the	ediote (Congl	ulal anom	ties
		lying coute lost.	(c)				
	CERTIFICATION	PAIR II. OTHER S	SIGNIFICANT CONDITIE	ONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM!	NAL DISEASE CONDITION GIVEN	IN PART I(o) 19 WAS AUTO PERFORMEI YES NO
		20a. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY MED	NDERLYING 1 205 CAUSE OF DEATH DICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in F	art I or Port II of ilem 18.)	
	WEDICAL	20c. TIME OF INJURY A		Nod. INJURY OCCURRED 20e. Pe	ACE OF INJURY (Home, form clory, street, office bldg., etc.	20f (City or town)	(County) (S
	WE	p. m.		While Not while for twork of work			
		21. I certify that	l attended the de	ceased fram	, 19, to	19t	hat I last saw the dec
		alive on		12, and that death		M, from the causes and	on the date stated a
		ACTUAL 5	- 1/20	in Selwetz	•	ADDRESS (Street, city or lown, sto	
		TURE	to revenue		M.D. ,		28 Ju
1		PHYSICIAN'S NAME (Type)	GEORGE MORI	CAN SCHULTZ. GD	II.S. Arm	y Hospital. Ft 1	teade. Hd
ŧ.				22c. NAME OF CEMETERY O		228. LOCATION (City, town, or a	
M _e	270	BUR AL, CREMATION,	226. DATE THEREOF		of moderning the bird		
*	220	REMOVAL (Specify)	7-2-57		National	Baltimore. Md/	
1			7-2-57	Baltimore,	· · · · · · · · · · · · · · · · · · ·	Baltimore, Md/	



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DECENTED

1-	_	MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 05845
· U	RR	CERTIFICATE OF DEATH Reg. Dist. No.
director filed year	M	O COUNTY NNE ARUNDE MARYLAND 2 USUAL RESIDENCE (Where decreased lived If institution Residence before admission) o STATE NARY AND b COUNTY BATTIMURE
funeral		b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) I yell 3 month 2 Harb A TIMORE
the distance of 2 show		d NAME OF HOSPITAL (If not in hospital, give street address) ORINSTITUTION UROWALSVILLE STATE HOSPITAL 216 N WOLFE ST
filled filled		3 NAME OF DECEASED (Type or print) J. D.A. First Middle C.A.M.P.E.R. 4 DATE OF DEATH 6 7 1957
Po P		5. SEX- FRMale NFGRO WIDOWED 1- DIVORCED B DATE OF BIRTH P AGE (In years lest birthdoy) Months Days Hours Min
2 2 5	(Occ USUAL OCCUPATION (Give kind of work done tob. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) NOT CIVEN
sicion al		13. FATHER'S NAME GEORGE CORMISH MARIA CURMISH
ing phy se remo		IS WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO 17, INFORMANT Way no or discount of the force of a data of resource) WINK I WINK WAS UNK WAS THE HOSE WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO 17, INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO 17, INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO 17, INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO 17, INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO 17, INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO 17, INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO 17, INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO 17, INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO 17, INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO 17, INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO 17, INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO 17, INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO 17, INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO 17, INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO 17, INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO 17, INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCEST 17, INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCEST 17, INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCEST 17, INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCEST 17, INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCEST 17, INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCEST 17, INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCEST 17, INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCEST 17, INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCEST 17, INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCEST 17, INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCEST 17, INFORMANT WAS DECEASED EVER IN U.
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ne law physici has bee riat-trar mayot,		PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES 12 NO YES 12
Hending ifficate ithe bu		20a ACCIDENT WAS UNDERLYING CORED (Enter nature of injury in Part I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH
this cer this cer or use or		20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 10 PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) 19 While at work at work at work 19 Injury of Injury (Home, form, 20f (City or town) (County) (State)
* Affer School Council, c		21. I certify that I attended the deceased from 2.1/1, 19.5/1, to 6.7/1, 19.5/2, that I last saw the deceased alive on 12.5/2 M, from the causer and on the date stated above.
RECTOI Be detchior to &		ACTUAL SIGNATURE SIGNATURE M.D. CROWN & VI //E M.D. CATE SIGN
shc.//d	Í	PHYSICIAN'S LUDWIG BENEDIET M.D
Page 3	,	Burial June 12.1957 Church Creek Cemetery Cambridge, Dorchester Co.Md.
VS A 15 (4) 15M 9/55	· 14.	23-FUNERAL DIRECTOR'S SIGNATURE ADDRESS LIVING COMMENTS SIGNATURE ADDRESS ADDRESS DATE DILLS TO THE TOTAL OF THE TOTA
	A	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

BUREAU V. R.

05850 5886 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased riged. If institution/Relidence before admission) a. COUNTY/ b. COUNTY MARYLAND CITY ON TOWN (If outside conforche limits, write RUNAL and give neotest town) c. LENGTH OF STAY IN 16 c CITY OR TOMEN (If onlyide Apparote lyhity) write RURAL and give nearest town) 2 andr d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? YES NO 3. NAME OF First Middle Lost DATE Day Year DECEASED OF (Type or print) DEATH ON 19. [6 COLOR OR MACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS (sh) birthday) Months Days Hours Min WIDOWED [DIVORCED | yrs USUAL OCCLIPATION (Give kind of work done 19by KIND OF BUSINESS OR INDUSTRY 11 during most of work by life, even if retired)

Onfullar BIRTHRIACE State of foreign country) 12 CITIZEN OF WHAP GOUNTRY 13. FATHER'S NAME 14 MOTHER'S MAIDENENAME 8 move 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 2105 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). NTERVAL BETWEEN ONSET AND DEATH PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) E. MUNIT. DUE TO Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO T 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d INJURY OCCURRED (County) (Stote) Haur a. n. foctory, street, office bldg., etc.) While Not while at work at work p. m 21. I certify that I attended the deceased from 192 Lithat I last saw the deceased alive on and that death occurred at 7. M, from the causes and on the date stated above ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) noy b. 229ABURIAL, CREMATION. 22b DATE THEREOF 22c. NAME/OF CEMETERY OR CREMATORY 22do LOCATION (City, town, or sounty) (\$10te) REMOVAL (Specify) 0 23 FUNERALIDIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a REC'D BY REGISTRAR 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5888 CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed a. STATE 6. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) þ RURAL and give nearest town) MULCO d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 24.00 YES NO NAME OF Middle DATE Day Year DECEASED (Type or print) DEATH JUNE 195 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH IF JNDER I YEAR IF UNDER 24 HPS AGE (In years last birthday) Months Doys WIDOWED TL DIVORCED [yrs. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ELHOSLIVAKIA 13. FATHER'S NAME physician ò ÷ move IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per fine for (a) (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH auces **DUE TO** Mullinonia Cabal - Cotten orchen Conditions, if eny, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse last, (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED? YES NO T 200, ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH 206. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) 0. 61. factory, street, affice bldg. etc.) Whi.e. Not while at work or si work of 21. I certify that I attended the deceased from LINE 19, 1957, that I lost saw the deceased and that death accurred at 12 My from the causes and on the date stated above. ADDRESS (Street, city, or town, state) DATE SIGNED ACTUAL SIGNATURE HOSPITAL PHYSICIAN'S NAME (Type) FUNER 220 BURIAL, CREMATION, 228. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lawn, or caunty) (State) REMOVAL (Specify) 0 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240, REALD BY RESISTEAN 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55

DECENALD.

BUREAU V. L.

BUREAU V. A.

JUN 24 1957

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24	CERTIFICATE OF DEATH Reg. Dist. No.
	1 PLACE OF DEATH o. COUNTY A PARYLAND 2 USUAL RESIDENCE (Where deceased fixed If institution: Residence before admission) o. STATE D. COUNTY A A A COUNTY A A COUNTY A A COUNTY COUNT
7	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest fown) RURAL ON J P 0 (2)
1.3	d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION ON A FARM? YES NO
Loges - c	3. NAME OF DECEASED (Type or print) ANAMON CHEW OF DEATH OF STATE
i i	Female Colored WIDOWED DIVORCED MAR15 1905 52 yrs Months Days Hours Min
4 6	100 USUAL OCCUPATION (Give kind of work done to kind of work done during most of working life, even if retired) Restaurant Wutwell 13. FATHER'S NAME 14. MOTHER'S MA DEN NAME
Thousand I	FRANK BUILL ELLA PRATT
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Then please	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO
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buriol,	21. I certify that I attended the deceased from
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3 sho gistror	PHYSICIAN'S NAME (Type)
page 3	22c BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d (OCATION (City Town, or county)) (Stote) 22c. NAME OF CEMETERY OF CREMATORY CARTERS 22d. REC'D BY REGISTRAR 22b. REGISTR
(4) .	Bucced faracity Seclesule land DATE 6/25/57 1 DATE 6/25/57

BUREAU V. S.

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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()5855
4		• 5890 CERTIFICATE OF DEATH Reg. Dist. No 27./
ath Page A	1	PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased fixed if institution Residence before admission) b. COUNTY MARYLAND ATT ATT C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) RURAL ond give nearest fown)
the fune should the	}	d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. is residence on a farm? or ibstitution— or ibstitution—
24 hours	-	NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print) NAME OF DEATH Jump 16, 1957
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e execute and com bon pape er death.	/ 🛮	to. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY IN. BIRTHPACE (Side of foreign country) 12. CITIZEN OF WHAT COUNTRY IN BIRTHPACE (Side of foreign country) 12. CITIZEN OF WHAT COUNTRY IN BIRTHPACE (Side of foreign country) 14. MOTHER'S MAIDEN NAME
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death cer tending p please re rithin 72	5	18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c)] [18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c)]
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TTENDING THE haspit TOR: After detached for the buriel, co		21. I certify that I attended the deceased from Tan, 19.50, to June 19.52, that I last saw the deceased alive on 19.52, that I last saw the deceased alive on 19.52, and that death occurred at 2.29 M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED
Pared by Prior I	47	PHYSICIAN'S S. BORSSULK. M.D. Ann Janut Bent 611507
moy be r o FUNER page 3 st the regist	L	20 BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d LOCATION (City town or county) (Stole) REMOVAL (Specify) 6/49/57 (Cedah Hill Cem- Brooklyn RFD) Md-
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BUREAU V. L.

DECEIVED

VS A15 (4) 15M 9/55

p.m (4)

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
5848	CERTIFICATE	OF	DEATH	

ALTH-BALTIMORE,	18	05856
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	wag, bisi,	1 444.
PLACE OF DEATH o. COUNTY Anne Arundel Maryland	2 USUAL RESIDENCE (Where deceased lived if institution Residence to STATE Maryland b COUNTY Pro G	
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	
RURAL and give regrest rown) XMXXXXX Annapolis 2 hrs.	Mitchellville /4 X/?	
d NAME OF HOSPITAL (If not in bospital, give street ordiness)	d. STREET ADDRESS	. IS RESIDENCE
Anne Arundel General Hospital	hapin and	YES NO
	COOLDO 4. DATE Month	Day Year
(Type or print)	OF DEATH	
5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1Y) lost birthday) Months Dar	EAR IF UNDER 24 HRS.
	Sept. 9, 1891 65 m	ys Hours Min
10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	STRY 11 BIRTHPLACE (State or foreign country) 12 CITIZE	N OF WHAT COUNTRY?
Housewife Tenent	Maryland U. S	S
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
Charles Hutchison	Maggie Windsor	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 II	NFORMANT Address	
	orge H. Richards -Mitchelly:	ille, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)-)		NTERVAL BETWEEN
PART I DEATH WAS CAUSED BY:	Coma	ONSET AND DEATH
DUE TO		
Conditions, if any, which } for		
gove rise to immediate cause (a), stating the under:		
lying cause lost (c)		
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c	19 WAS AUTOPSY
3		PERFORMED? YES NO N
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 206. ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTHY MEDICAL EXAMINER)	D. (Enter nature of injury in Part II or Part II of item 18.)	
	ACE OF INJURY (Home, form, 20f (City or town) (Coun	nly] [Stale]
Hour o. jn. White Not white loc	story, street, office bldg., etc.)	uk) (arasa)
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alive an 6-12-, 19-7, and that death	occurred at 2:31 PM, from the causes and on the	
ACTUAL TO I MAN I STATE OF THE	ADDRESS (Street, city or fown, state)	DATE SIGNED
SIGNATURE COMPANY	MD. 630011-9-1400	672-51
PHYSICIAN'S Frank My Shipley	ANNapolis M.H.	
220 SURIAL, CREMATION, 226. DATE THEREOF 27c. NAME OF CEMETERY OF	R CREMATORY 22d LOCATION (City, fown, or county)	(Stole)
Buriel 6/15/57 Epiphany C	emetery Forestville, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Upper	26 RC DAY REGISTRAR 246. REGISTRAR'S SIGNA	TURE
Ritchie Bros. Funeral Home-Marihon	ro. 11d. 1941 14 1957	1

DECENVED V. S. BUREAU V. S.

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120	MARYLAND STATE DEPART	MENT OF HEALTH—BALTIMORE, 18	05857
M	. 5849 CERTIFIC	CATE OF DEATH Reg.	Dist. No.
181	PLACE OF DEATH O. COUNTY MARYLAND	2 USUAL RESIDENCE (Where deceased lived if institution Residue STATE b. COUNTY	dence before odmission)
	b. CITY OR YOWN (If outside corporate limits, write RUBAL grid give negrest toyln) CONTROL OF STAY IN 16	c. CITY OR YOWN If autiside corporate limits, write RURAL and	nd give regrest town)
	d NAME OF HOSPIFA. If nat/inscriptal, give street address) OF INSTITUTION LENGTOL	d STREET ADDRESS	e is residence on a farm? YES \(\) NO
	3 NAME OF DECEASED (Type or print) First Modile	Lost 4. DATE Month OF DEATH	18 1957
	5. SEX Male 6 COLON OF RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	B DATE OF BUTTH 2-20-1900 9 AGE (In years lost birthday) Month	DER TYEAR IF UNDER 24 HPS.
Geom /	100 USLALOCCUPAT ON (Give find of work done 10b, KIND OF BUSINESS OR INE document of working different refired) Which I vom June Voor	DUSTRY 11 BHRTHPLACE (State or foreign country) 12	CIEUZEN OF MHAT COUNTRY
and	13 FATHERS NAME L. Cox	IT one G. Ransan	
I	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes. no. of upknown) (It yes, give wor or dorm of service)	9. I Brown fr. 2216 Old Snow	Henston M.
a with a	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	Made	INTERVAL BETWEEN ONSEL AND DEATH
ny ever	73/, 9 DUE TO Conditions, if any, which) (b)		
	gave rise to immediate couse (a), stating the under lying cause last.		
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY	AND PLATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P	PART 1(0) 19 WAS AUTOPSY PERFORMED? YES EL NO
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01 TO DO	ACTUAL SIGNATURE SOLUTION ACTUAL SIGNATURE	th accurred at Single M, fram the causes and an ADDRESS (Street, city or town, state)	DATE SIGNED
oud soul	PHYSICIAN'S NAME (Typo)	gM.V	HIII (HII) (HII) (HII) (HIII (HIII) (HIIII) (HIII) (HIII) (HIII) (HIII) (HIII) (HIII) (HIII) (HIII) (HIIII) (HIII) (HIII) (HIII) (HIII) (HIII) (HIII) (HIII) (HIII) (HIIII) (HIII) (HIIII) (HIIII) (HIIII) (HIIII) (HIIII) (HIIII) (HIIIII) (HIIII) (HIIIII) (HIIII) (HIIIII) (HIIII) (HIIII) (HIIII) (HIIII) (HIIII) (HIIIII) (HIIIII) (HIIII) (HIIIII) (HIIIII) (HIIIII) (HIIIII) (HIIIII) (HIIIII) (HIIIII) (H
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BUREAU V. S.

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phy semo	TS. W	o, or unknown) (N	IN U. S. ARMED FORC yes, give wer or dates of ser	vice)	SOCIAL SECURITY NO	1	FORMANT		Addr			
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r use os	MEDICAL	c. TIME OF INJURY Hour a. p. p. m.	Month, Day, Year	While	IJURY OCCURRED	20e. PLA	CE OF INJURY (Home, I pry, street, office bldg ,	form, 20f (City etc.)	or town)	(County) ((Stole)
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burio burio	a	live on 13 .	June	. 125	Z, and that	death	occurred at 8:0	OOAM, from	the causes a	nd on the de	ate stated a	above
ta de t		CTUAL			4				eet, city or town, s		DATE:	SIGNED
Prior	SI	GNATURE	WW	700	lla-	M	.D				13 J ₁	une
shouk stror 1	N	HYSICIAN'S AME (Type)	1. J./:ALL	ER L	r ic usir		U.S.Naval	Hospita	l, Annapo	olis, Ma	l.	195
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	22o 8	URIAL, CREMATION,	226 DATE THEREOF		22c. NAME OF CEME	TERY OR			ON (City, town, or		(Stote)	
9004 		EMOVAL (Specify) Burial	6-15-57		St. Mary	s Ce			olis, Me			
L15 (4)	1	NEEAL DIRECTOR'S	WI CHI	74	ADDRESS		[c 5	EC.D.BA MECH	3 PAB. REGIST	PAR'S SIGNATI	IRE 7	f.
5M 9/55	11	opping Fin	here2 Home	AT	inapolis, N	aryl	and year's			m	1/12/	

BUREAU V. A.

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BECEINED

1. PLACE OF DEATH a COUNTY o STATE MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) CUCKNA d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION NAME OF 4. DATE Middle DECEASED (Type or print) DEATH 5 SEX 6. COLOR OR RACE 7- MARRIED NEVER MARRIED B. DATE OF BIRTH DIVORCED (WIDOWED [7] 100 LSUAL DECUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retued? wanted 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT aftending please 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) **DUE TO** Conditions, if eny, which gave rise to immediate DUE TO cause (a), stating the under lying cause last. ANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW NIURY OCCURRED (Enter nature of injury in Part I or Port of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or fown) factory, street, office bldg., etc.) Hour a. n. While Not while at work at work p. m. 21. I certify that I attended the deceased from. alive on ... and that death occurred at П PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 6-22-5 Cedar ii 9 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240 REC'D BY REGISTRAR of My Pineral Hore, 120

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH Reg. Dist. No. 2 USUAL RESIDENCE (Where deceased lived - If institution: Residence before admission) **b.** COUNTY c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) . IS RES DENCE YES T NO T Month Day Yeor 19-5 IF UNDER I YEAR IF UNDER 24 HIS AGE [In years lost birthday) Months Days 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH (Caunty) (Stote) that I last saw the deceased M, from the causes and an the date stated above. ADDRESS (Sirget, city or town, state) 22d LOCATION (City fown, or county) (State) Laltiror 245. REGISTRAR'S SIGNATURE

BUREAU K. 8.

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1	5892 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Poge 4	PLACE OF DEATH 30 Mansion Rd. 1 PLACE OF DEATH 30 Mansion Rd. 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) STATE MARYLAND MA
funeral fundable fi	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Linticum Heights
oves after	d NAME OF HOSPITAL (If not in hospital, give street oddress) d STREET ADDRESS OR INSTITUTION 30 Mansion Rd TEST SESIDENCE ON A FARM? YES NAME OF BATE Modelle Vacco
Hh'n 24 h	OF SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE 7 YOUR 15 UNDER 1 YEAR IF UNDER 24 HIS
complete papers ath	Male White WIDOWED DIVORCED Feb.16 1888 69 yrs Months Days Hours Min 10a USUAL OCCUPATION (G ve kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRYS during into every interfered)
ion and carbon poster dec	Tailor Retired Tailor Shop Cesena-Teramo-Italy Italy 13 FATHER'S NAME Luigi Di Carlo Maria Emilia Franco
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equires that the death asigned by the attendu it permit. Then please d in any event within	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, If ony, which gove rise to immediate costs (o), stoting the under: Lying couse lost. (c)
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At OR ATTENDING ORECTOR: After to the prior to burief, ore	21. I certify that I attended the deceased from Marchan, 1951, to 6-17, 1957, that I last saw the deceased alive on 6-17-57, 19, 17, that I last saw the deceased alive on 6-17-57, 19, and that death occurred at 17.11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/
May be of Funer page 3 sh	270 BUR AL, CREMATION, 226 DATE THEREOF 27c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City fown, or county) (Stole) REMOVAL (Specify) Burial June 20 1957 New Cathedral Baltimore Md
VS A15 (4) 15M 9/55	23 Abetral Director's Signature A vouch Go Director 322 S. High St. Date 381 19 37

US VIZISER 8. V. UARRURI, S. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05862

Anne Brussel

CERTIFICATE OF DEATH

Reg. Dist. No...

1. PLACE OF DEATH: County CO Capleni AVE	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn intents give residence of mothers)
City or town Patta sind to bank and in hearest town)	State MA - County County County
How long in above place of death? La4 LCK 2 30	City or town (IX outside city or town limits, write RJRAL and give nearest town)
Hospital, Institution, or street address where digith occurred:	Street 80 100 C Sporker AR
	All first, give LOCATION)
flow long in hospital or instillution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
EMMINA E. DI 995	NONE
5. Color or race 6.(2) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
temole City hidow	20. DATE OF DEATH 6-11-5.7
8.(b) Name of husband or wife Touck New York	21 I CERTIFY that death occurred on the dats above stated that I atlanded dassased from
Coace - 6 (e) It ailre, give age	
7. Sirth date of deceased (mo. day, yr)	and that I fast saw h & A alive on 6 -11-5 7
8. A.G.E.: Years Months Bays If less than one day	Immediate cause of death AIRTIC STETYOSIS OURATION 2
23 1 hrs min.	
manthewall on	
9. Bathplace Il Whole Charles and stary	Due to. LA UPLETTETY STORY - ?
10. Usual occupation	Bosto IN THEM CURRENT IN FECTIONS
11 industry or busygess NON I	
E 12. Name Treditie le het es	Other conditions
\$ 13. 8 rthplace DICE CALL DCV, VOV-	(Include pregnancy within 3 months of death)
14. Malden name 20 any	
15. Birthplage matthews Co. Ja,	Major findings of sperations
16. 10 cormant 722.2.2 42 that Clark	Autopoy results
Address J 2 Brasilia Cleani Asa Baltono	PHYSICIAN: Please underline the cause to which death shauld be charged statistically
	22. VIOLENCE: If death was due to external causes, till in the tollowing:
(Burnal, cremation, or removal Which?) Bate thereof (Booth) (doy) (year)	Accident, suicide, or homicide
competery or crematory AMM AZ HELL Comment	Where did injury occur?
Eoszilon and the there to	injured at home, farm, Industry, public place (where?)
16. Fuental director The To more who a Linety	Misans of Injury Injured at work?
16. Funeral director plant with some the day of the day	1 1 2 11
Address to by 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-23 SIGNATURE Jones 91 / Jaum MD.
19, 6/13/57 18 Hetrick	Address 2724 Mayler Mr. Bole stoned 6 12 57

NA 17 1957

BUREAU V. S.

V				MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05863.
JE.				. 5852 CERTIFICATE OF DEATH Reg. Dist. No.
Page 4	M		1 (PLACE OF DEATH COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. STATE b. COUNTY A. A.
r death.	0000			CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) On Character from
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cate be	offer of		1	WILLIAM DISNEY HOTHERS MAIDEN NAME- WILLIAM T. DISNEY HESTERS. BATCHELOR
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ol or of	emation		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Mile Not while at work at wor
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A ATTE	or to by			ACTUAL SIGNATURE TOLISH POPULOUS MD. 45 FROMBLE ST HEMPHAL'S MAN
relgine	strar pr			PHYSICIAN'S EDITH ROYLER U.D. 45 Franklin St. Hunspelling Hol
moy be	the regi		220	BURBAL CREMATION, 226 DATE THEREOF 224 NAME OF CEMETERY OF CREMATORY— 22d. LOCATION (City town, or county) (Stote) REMOVAL (Specify) 6-6-1957 9LEN HALEN EN EN H. A. (C) 7114
VS A15 1 15M 9/5	(4) 5		23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS / A + + 2401 REGISTRAR'S SIGNATURE STRICK STRICK STRICK DATE: + + + + + + + + + + + + + + + + + + +

DECENAED

BUREAU V. S.

1	MARYLAND	STATE DEPARTMENT OF HEALTH—B	ALTIMORE, 18 10176.
COD CTATE	MEDICA	AL EXAMINER'S CERTIFICATE O	F DEATH
FOR STATE HEALTH DEPT.	36 = =	Ttem li F. hazala -1 - 1 e	Reg Dist No.
	1. PLACE OF DEATH	MARYLAND STATE	b COUNTY / ON-F G
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ong per	18 CAUSE OF DEATH [Enter only one course per fin	ne lot (o), (b), ond (c))	ONTENAL DE WAIN
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1 .		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1	K T	5853 CERTIFICATE OF DEATH Reg. Dist. No. 05864
Page Ilrector		o. COUNTY O. COUNTY O. STATE O. S
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the in the in the in the in the interest of th		d NAME-OF HOSPITA (If not in Proprial, give street address) OR MISTERITORY JENERAL OR A FARM'S YES NOP
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may by O FUNE	_,	220. BYRIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d LOCATION (C ty. town or county) (Stote)
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1		T	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
			5895 CERTIFICATE OF DEATH Reg. Dist. No. 05866
director ad will	įt.	Ī	PLACE OF DEATH e. COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) b. COUNTY b. COUNTY
d be f			b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) RURAL and give nearest town) FASAROWAY. G. MANS - Pasarolevel
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2		3	NAME OF DECEASED (Type or print) Source 6. Planey OF DEATH 6 5 1957)
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if perm			gove rise to immediate course (a), stating the under-lying course last. DUE TO
aval, ar		, OLIV	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO (7)
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emotion		ASSOICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a. g., Hour a. g., 19 Of work of
נייסו, כר		ı	21. I certify that I attended the deceased from June 1. 1956, to June 5. 1957 that I last saw the deceased alive on June 4. 1957, and that death occurred at 930 4 M, from the causes and an the date stated above.
or to b	1		ACTUAL ADDRESS (Street, city-or town, store) DATE SIGNED ACTUAL M.D. 5 & 29 (Iselain Ref - 6/5/5)
straf pn	4		PHYSICIAN'S DT. BATTAGLIA
he regi		2	BEHOVAL (Specify) 6/9/57 Loudon Park Comment of CEMETERY OF CEMETE
 (4) (5		23	John L. browant Son 120 Clies It 240 REC'D BY REGISTRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05867 Item 7 FT CERTIFICATE OF DEATH Reg. Dist. No. be filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. STATE Maryland o. COUNTY **b.** COUNTY MARYLAND Kent Anne Arundel erol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should 3yrs .10mos .18days Crownsville Chestertown d. NAME OF HOSPITAL (If not in hospital, gave street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? Crownsville State Hospital 105 College Avenue YES NOX NAME OF First Middle 4. DATE Day Yeor DECEASED Edward 57 (Type or print) Frank Gardner DEATH 6 10 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 8 DATE OF BIRTH AGE (In years dast birthday) Months Days Hours DIVORCED T Male WIDOWED IT Negro popers. yrı. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? Farming Maryland U. S. 940 Laborer carbon 13. FATHER'S NAME ofter 14. MOTHER'S MAIDEN NAME Frank Gardner Catherine Brown 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Crownsville State Hospital Hospital Records Unk Crownsville, Maryland No 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Central Nervous System Syphilis **DUE TO** Conditions, if any, which gove rise to immediate DUE TO cause (a) stoting the underlying couse lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(01) 19 PERFORMED? Gluteal Decubiti YES T NO The 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20s. PLACE OF INJURY (Home, form, Day, Year 20d INJURY OCCURRED 20f (City or town) (County) (State) factory, street, affice bldg., etc.) g. n. While Not while at work at work p. m. 1957 that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at 2:308.M, from the causes and on the date stated above alive on. ADDRESS (Street, city or town, state) DATE SIGNED 12CEL ACTUAL Crownsville, Md. PHYSICIAN'S Ludwig Benedict, M. D. NAME [Type] FUNE FUNE 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATOR 22d. LOCATION (City, town, or county) (6/9)Janes Cem. Chestertown, 9 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246 REGISTRAR'S SIGNATURE REC'D BY REGISTRAR le aus 1 Kenneth Walley

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 058697 **CERTIFICATE OF DEATH** 5898 Reg. Dist. No PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a COUNTY be filled Baltimore City Anne Arundel Maryland MARYLAND ero b CITY OR TOWN (If putside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autride corporate limits, write RURAL and give nearest town) RURAL and give regrest town) phonys 2vrs. Inos. 11days Baltimore City d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR MITTITION Crc msville State Hospital Not YES INO IT NAME OF First Middle 4. DATE Month Year DECEASED OF (Type or print) Marv Lena Gross 6 19 5 5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Negro Female papers. WIDOWED IX DIVORCED [7] Not given 72 yrs 100 USJA: OCCUPATION (Give kind of work dane) 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fareign country) during most of working life, even if retired) death. 12 CITIZEN OF WHAT COUNTRY? Not given Not given Pud Unknown U. S. carban 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Not given Not given IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Crownsville State Hospital Unk. Unk. Hospital Records nowneyillo, Maryland 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ฉ ONSET AND DEATH PART I DEATH WAS CAUSED BY Hypostatic Pneumonia IMMEDIATE CAUSE (a) 1:1.01 DUE TO ony Hypertensive Cardiovascular Disease Conditions, if any, which gave rise to immediate **DUE TO** cause (a), staring the underlying cause last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? NO F 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d INJURY OCCURRED (County) (State) foctory, street, office bidg., etc.1 How a. jr. While Not while. of work at work 19. 57, that I last saw the deceased 21. I certify that aftended the deceased from that death accurred at 7:350.M, from the causes and on the date stated above alive on_ ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL A Crownsville, Md. PHYSICIAN'S Mapp NAME (Type) FUNER oge 3 s 22a BURIAL - CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24o. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

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1	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (15871)
. 2 g g		5854 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2/
shauld cremati		Anne Arundel MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. COUNTY Anne Arundel MARYLAND Anne Arundel MARYLAND Anne Arundel
oge 4	1	CITY OR TOWN (1 outside corporate limits, write RURAL and give nearest fown)
for to b		-United Seles 1542 Arbutus I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE
r is recto	Ľ	Anne Arundel General Hospital 4425 Fort STEIR NO W
delo erof gistro		NAME OF First Middle Lost 4 DATE Month Doy Year DECEASED MARGARET VIRGINIA HAROLD DEATH June 26 1957
for y or y	5 5	EX 6 CO.OR OR RACE 7 MARRIED TO NEVER MARRIED TO B DATE OF BIRTH 9. AGE IN 79072 IF UNDER LYEAR IF UNDER 24 HRS
# See #		Female White WIDOWED DIVORCED 10/23/192/ 35 yes Months Days Hours Min
ond 3	100	USUAL OCCUPATION (Give find of work done 10b KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (State or Javeign country) 12 CITIZEN OF WHAT COUNTRY uring most depending the user of refused)
or bond	13.	FATHER'S NAME 14 MOTHER MA DEN NAME
S and a see		Kernon Woodard Clara Dodson
ve Poge Poge File po		WAS DECEASED EVER IN U S ARMED FORCES? 16 SOC AL SECURITY NO 17. INFORMANT Address 423 to 16. SOC AL SECURITY NO 17. INFORMANT Address 423 to 16. SOC AL SECURITY NO 17. INFORMANT Address 423 to 16. SOC AL SECURITY NO 17. INFORMANT Address 423 to 16. SOC AL SECURITY NO 17. INFORMANT Address 423 to 16. SOC AL SECURITY NO 17. INFORMANT Address 423 to 16. SOC AL SECURITY NO 17. INFORMANT Address 423 to 16. SOC AL SECURITY NO 17. INFORMANT Address 423 to 16. SOC AL SECURITY NO 17. INFORMANT ADDRESS 435 to 16. SOC AL SECURITY NO 18. INFORMANT ADDRESS 455 to 16. SOC AL SECURITY ADDRESS 455 to 16. SOC AL
PM3.	Г	18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)]
orm there		PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Gunshot wound of head
exe if the isonsi		72/) DUE TO Conditions, if any, which) the
d be ng w iol-h		gove rise to Immediate cause
had a per		(e), stoling the underlying out to
ling' in Office sed as a	ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAUD SEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO
certi pend ner's	RIFF	20a EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. Shot by access and
S 47 S	E CE	OHOO DY ESSETTERIO
Sol E	EDICAL	20c, TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20c PLACE OF INJURY (Home, form, 20f (City or tawn) [County] [Store] Hour 200X 6/26 19 57 at work of
Aedit Aedit	N.	21. I certify that I took charge of the remains described above, held an Autopsy K., Inspection , Inquiry and find the
EX.		death resulted from Natural causes . Accident . Su'cide . Hom cide . Undetermined cause
ote, of Chicken		DATE SIGNED
MED AND AND AND AND AND AND AND AND AND AN		SIGNATURE MD. CHIEF MEDICAL EXAM NER M
Thr. word:		EXAMINER'S NAME (Type) Russell S. Fisher, M.D. DEPUTY MEDICAL EXAMINER 6/27/57
S FUT	220	BUR AL CREMATION, 226. DATE THEREOF 22 NAME OF CEMETERY OR CREMATORY 22d LOCATION (City Igwn, or county) (5'cre)
7 7	23	DWILL IS I Step Haven Com. Teletus Harry Ma.
VS. A15ME(5) SM 9755	13	John J. Covan son stockies tothe in I'm I Frach
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
- 10	. 5992 CERTIFICATE OF DEATH Reg. Dist. No.
Page	1. Place of DEATH O. COUNTY Anne Arundel 2 USUAL RESIDENCE (Where decreased lived. If institution: Residence before admission) b. COUNTY b. COUNTY Baltimore City
deoth uneral	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cromeville C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City
sy the f 2 show	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Crownsville State Hospital 1/19 N. Bond Street YES NO
24 hour	3 NAME OF DECEASED First FO Middle Continuous 4 DATE Month Day Year
within Page	5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (10 years IF UNDER 1 YEAR IF UNDER 24 HRS
ond comple ond comple to papers.	Female Negro [WIDOWED] DIVORCED] 8/22/04. V 33 yrs. 100. LS.AL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Waryland U. S.
585	13. FATHER'S NAME Not given Not given
certificat ng physic remave 72 havrs	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT IVen, no, or withnown) If yes, no we were or dente of services Unk. Hospital Records Crosmoville Md
ALOR ATTENDING PHYSICIAN. The low requires that the decigned by the haspital or ottending physician. ORECTOR: After this certificate has been signed by the attential be detached for use as the burial-transit permit. Then ple or prior to burial, cremation, or remaval, and in any event with.	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).} PART I DEATH WAS CAUSED BY DUE TO Conditions, if any, which gave rise to Immediate couse [o), stoling the under: Iying couse [ost, stoling the u
HOSPITA toy be re FUNER oge 3 in	NAME (Type) Lionel McHenry Mapp, M. D. 220. BURIAL, CREMATION, 226. DATE THEREOF 22. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Slote)
P P P P P	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE
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¢.		OR NSTITUTION	PITAL (If not in hospital, g		· ·		d. STREET ADDRESS	٦, ,	-1- +	, +	o is residence on a farm? YES I NO I
		NAME OF DECEASED (Type or print)	Fin Som	-	Middle)	lest Henry	4. DATE OF DEATH	Mon		Day Year
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ノ	13.	FATHER'S NAME					14 MOTHER'S MAIDEN		-		
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	MEDICAL	Hour a, ri.	10	White	Not while	20e. PLAC focto	E OF INJURY (Home, fari ry, street, office bldg., ex	m, 20f. (City (or town)	(Coun	ity) (Stote)
1		21. I certify to alive on	that I attended the	deceased 12 5 Wh	7		0,	ADDRESS (Str		nd on the	saw the decease date stated abov DATE SIGNI 6/24/5
		PHYSICIAN'S NAME (Type)	Tudwig Be	rodict	, M. D.						
		BURIAL GREMATI REMOTAL (Specify	" 7/5/5	7 2	THE . C	elva	4 5Em	10.0	ON (C ty, town, o	,	ma -
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1 -	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
*	5855 CERTIFICATE OF DEATH Reg. Dist.	05876
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^	b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) ATRAPOL S Days X, Harwood	re nearest tawn)
	d. NAME OF HOSPITAL (If not in hospital give street address) OR INSTITUTION Anne Arundel General Loapital	IS RES DENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) B. Algredant G. DATE Month Of DEATH 6	28 19 4 7
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CERTIFICATE OF DEATH 5905 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived - If institution) Residence before todmission filed b. COUNTY MARYLAND E LENGTH OF STAY IN 16 b CITT OR TOWN (If outside corporate limit), water CTINOR TOWN (If, outside corporate limits, write RURAL and RURAE and give nearest town) d. NAME OF HOSPITAS STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO D NAME OF Middle 4 DATE Month Year DECEASED OF DEATH (Type or print) 19-6 COLOR OR RACE 7. MARRIED THE NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lostybirthday) Months Doys WIDOWED | DIVORCED ... 100 USUAL, OCCUPATION (Give kind of 12 CITIZEN OF WHAT COUNTRY? wask done 10b OF BUSINESS OR INDUSTRY (State or foreign country) during most of working life inten if relited) perse wi FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC AL SECURITY NO THEORMAN CAUSE OF DEATH [Enter only one couse per n for (0), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY milt IMMEDIATE CAUSE (6) **DUE TO** Conditions, if any, which (b) gove rise to immediate **DUE TO** couse (a), stoling the underlying cours lost. PART IF OTHER SIGNIFICANT COND TIMES CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? NO I YES 🗔 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port t or Part II of item 18) (IF EITHER NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home form. 20c TIME OF INJURY Doy Year 20d INJURY OCCURRED 20f (City or lown) (County) (Stote) factory, street, office bldg , etc.) Hour o. m. While Not while of work of work 21 I certify that I attended the deceased from Athat I last saw the deceased aVa , and that M, from the causes and on the date stated above alive on ADDRESS (Street, city or town_stole) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) FUNES (2) 220 BURIAL CREMATION DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City fown or county) (Store) REMOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE 246 REGISTRAR S SIGNATURE 240 REC'D BY REGISTRAR VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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21. I certify that I attended the deceased from June 24. 19.57 to June 30. 19.57 that I last saw the deceased					
alive an June 30, 19.57, and that death accurred at 10:20%, from the causes and an the date stated above.					
ADDRESS (Street, city or toys), state) DATE AIGNED					
SIGNATURE C. Miller Lither MD. 106 W. Repla Pet 7/1/57					
PHYSICIAN'S C. Nilton Linthicum. Linthicum Heights, Md.					
220 BURIAL CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (CIV. fown or county)					
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23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC D BY REGISTRAR 240 REGISTRAR SIGNATURE					
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大田 本一丁 はっといる のおり 福村 ... TO DEPUTY MEDICAL EXAMINER. This cert ficule should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencit in Item 18. Give Pages 1, 2, and 3 to the fineral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a bundi-trans, mermit, file name 1 and 2 with the partition of the contraction of the contraction.

VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 903 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. 1 PLACE OF DEATH 7 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY o STATE Same b. COUNTY SAME Anne Arunde MARYLAND b. CITY OR TOWN (If outside corporate timits, write BURA) c LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest town! Same Brooklyn 25 9 months d. NAME OF HOSPITAL OR INSTITUTION (If not in hospita, give street address) d STREET ADDRESS e. IS RES DENCE ON A FARM? Same YES INO IN Ordinance Rd 3 NAME OF 4 DATE East Month OF (Type or print) June 23rd. 19 57 DEATH Chritine Birdie Howard 5 SEX 6 COLOR OR RACE 7 MARR ED NEVER MARRIED 1 8 DATE OF BIRTH 9. AGE to years IF UNDER TYEAR F UNDER 24 HRS. Months Hours Min WIDOWED T DIVORCED [10a USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSHNESS OR INDUSTRY, 11, BIRTHPLACE (State or foreign country) 12 C TIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Elvaton.Md Housekeeping 14 MOJHER'S MAIDEN NAME Jennie Cager Holdand 15 WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Mrs. Lorraine White (same address 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] MTERVAL BE WEEN Sudden HART I DEATH WAS CAUSED BY. Coronary Occlusion IMMEDIATE CAUSE (a) **DUE TO** Carditians, if any, which gave rise to immediate course **DUE TO** (a), stating the underlying couse last. PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1 of 19 WAS AUTOPSY PERFORMEDS, NO A 200 EXTERNAL PAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) PR MARY CONTRIBUTING CAUSE OF PEATH. 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Hame, form 20f (City or fown) (County) (Sin c) factory, street, office bldg., etc.) While Not while. at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autaps/ Inspection 4 Inquiry 1, and find that death resulted fram: Natural causes X, Accident Suicide . Hamic'de . Undetermined cause DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURA ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAM NER X June 23rd. 1957 Gustava H. Faubert.M.D 220. BUP A. CREWATION, 225. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 27d LOCAT ON (City, lown, or county) (Stole) REMOVAL (Spec fy) Yd. Marlev Neck Church Ammael Burial 23. FHINERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g REC'D BY REGISTRAR 246. REGISTRAR'S S GNATURE MUNTGOMER

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 05881 5856 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived - If institutions Residence before-admission) a. COUNTY b. COUNTY MARYLAND b. CSTY OR, TOWN (If outside corporate fimits, write c CITY OR TOWN III putside corporate limits, write RURAL and give nearest fown) c LENGTH OF STAY IN 16 RURAL and give nearest town! d MANE OF HOSPITAL of notion haspital give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle DATE Month Day Year DECEASED (Type or print) DEATH 19 COLOR OR RACE MARRIED THEYER MARRIED IF UNDER 1 YEAR, IF UNDER 24 HRS B. DATE OF BIRTH AGE (in years last but helay Months Days Hours WIDOWED T DIVORCED [JY11 100 USUAL OCCUPATION Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 during host of working free, even if retired BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY! 13 FATHER'S NAME MOTHER-E MAIDEN NAME namnen 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC.AL SECURITY NO INFORMANT . Address 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (g) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** Conditions, if any, which] (b) gave rise to immediate DUE TO couse (a), stoting the underlying souse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO T 20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) 0. 0. While Not white at work 🗍 at work p. m. 21. I cortify that I attended the deceased from Athat I last saw the deceased alive on_ and that death occurred at4/,-M, from the causes and on the date stated above ADDRESS (Street, city or fown, stole) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) moy be D FUNES 220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d/LOCATION (City, lown, or county) (State) SREMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240 REC'D BY REGISTRAR 20 REGISTRAR'S SIGNATURE

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y the figure 2 show	d NAMMOF HOSPITAL (IF no in hospital, give street address) d. STREET ADDRESS e. 15. RESIDENCE ON A FARM? YES NO
24 hour	3 NAME OF DECEASED First Model Last 4 DATE Month Day Year
within tely full Poges	S. COLOR OR PACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 ACE (In years IF UNDER 1 YEAR IF UNDER 24 HRS ost birthday) Months Days Hours Min
cample papers oth	10g LSLAN OCCLPATION (Give kind of york done 10b. KIND OF BUSINESS OR INDUSTRY IT BIRTHPLACE ISlate or Tayling country) 12 CITIZEN OF WHAT COUNTRY?
orbon Her de	13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME,
physician move of hours of	15. WAS DECEASED EVER IN U S ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Address Decease of the part of data of service)
nding property hin 72	18 CAUSE OF DEATH [Enter only one cause per line for (a) (b) and (c))
the de the after then pre	PART I DEATH WAS CAUSED BY CENTER DELETO DE LETOLO TY VOLENOUS CONSET AND DEATH
es that ad by it mit. T ony ev	Conditions, if any, which by Tarala Asacsa grade !!
ion. ion. en signe nsit per	cause (a), stating the under DUE TO lying cause last, 708.3 (c)
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tending ifficate the bu	280 ACGIDENT WAS UNDERLYING 1 286 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC al ar al his cert use as emation	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a p. 19 While Nat white of work at wark
Affer the formula of	21. I certify that I aftended the deceased from 2 25
by the by the detoc	ADDRESS (Street, etty or town, stote), ACTUAL ACTUAL
atoined propried Tor pried	MO, 10 - DITY J. TO HI O I I I I I I I I I I I I I I I I I
HOSPIT Oge 3 s'	220 DURIAL, CREMATION, 226 DATE THEREOF 220 NAME OF CEMEYERY OR CREMATORY (20 LOCATION (City, low) or comp) (Stote)
O E O S. #	23 PUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR S SIGNIFITURE 1 PUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR S SIGNIFITURE 250 PUNERAL DIRECTOR'S SIGNATURE 260 PUNERAL DIRECTOR'S SIGNATURE 270 PUNERAL DIRECTOR'S SIGNATURE 270 PUNERAL DIRECTOR'S SIGNATURE 271 PUNERAL DIRECTOR'S SIGNATURE 272 PUNERAL DIRECTOR'S SIGNATURE 273 PUNERAL DIRECTOR'S SIGNATURE 274 PUNERAL DIRECTOR'S SIGNATURE 275 PUNERAL DIRECTOR'S SIGNATURE 276 PUNERAL DIRECTOR'S SIGNATURE 277 PUNERAL DIRECTOR'S SIGNATURE 277 PUNERAL DIRECTOR'S SIGNATURE 278 PUNERAL DIRECTOR'S SIGNATURE 279 PUNERAL DIRECTOR'S SIGNATURE 270 PUNERAL DIRECTOR'S SIG
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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5858 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Rejudence before admission. a. COUNTY G. STATE b. COUNTY MARYLAND NOR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c CITY OR JOWN(if outside corporate limits, write RURAL and give negrest town) RUPA, and give nearest town d_CTRGETCADDRESS IS RESIDENCE YES | NO K NAME OF DATE Month DECEASED OF DEATH (Type or print) COLOR OF RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH AGE (in years last b ribdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days WIDOWED [OCCUPATION Over kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address CAUSE OF DEATH [Enter only one cause per line for (g), (b), and (c)] INTERVAL BETWEEN PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying cause last PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPS PERFORMED? YES NO 🗸 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of Item 18.) IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour e. ft. While Not while p. m. of work ot work 21. I certify that I attended the deceased from 25. Zithat I last saw the deceased olive on and that death accurred at_____ M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S Edward S. Book. NAME (Type) M. D. 41 Southgate Ave. Annapolis, Md. 226. DATE THEREOF 220 BURIAL CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d MOCATION (City, town, or county) BMOVAL (Spleon 24c. REC'D BY REGISTRAR 24b REGISTRA 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 05887**CERTIFICATE OF DEATH** Rea, Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved., If institution, Residence before admission) a COUNTY CÓUNTY MARYLAND b. CITY OR TOWN III outside corporate fimits, write e. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lown) RURA, and give nearest town) UMBERSTONE d. NAME OF HOSPITAL (If not in hospital, give street oddress) d STREET ADDRESS e. IS RES DENCE OR INSTITUTION YES | NO A 3 NAME OF 4 DATE Middle Month DECEASED (Type or print) DEATH 6. COLOR OR RACE 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED TO NEVER MARRIED lost birthday, Months DIVORCED [7] WIDOWED ... \$ 2 m USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 10o 12 CITIZEN OF WHAT COUNTRY? Boots 0 13. FATHER'S NAME 14. MOTHER S MAIDEN NAME physici move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO 01 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL SETWEEN ONSET AND DEATH à PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** cottse (a), stating the underlying couse lost PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20c TIME OF INJURY Month, 20e PLACE OF INJURY (Home, form, 20f (City or town) 20d INJURY OCCURRED (Stote) (County) factory, street, office bldg., etc.) a. m. While Not while of work of wark . 1997, that I last saw the deceased 21. I certify that I attended the deceased from 14/201-14 and that death occurred at ... I from the causes and an the date stated above ADDRESS (Street, city or fown, state) DATE SIGNED **ACTUAL** SIGNATURE PHYSICIAN'S NAME (Type) FUNER 220 BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lewn, or county) (State) REMOVAL (Specify) duala 23 FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b REGISTAR F SIGNATURE DATE 15M 9/55

DECENTED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 5911 Reg. Dist. No. il director, Fled with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived of institution: Residence before admission) a. COLNTY o STATE Prince George's MARYLAND Anne Arundel Maryland h. CITY OR TOWN (if outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) þ RURAL and give negrest town! 6mos.13 days Fairmount Heights Crownsville d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RES DENCE ON A FARM? YES NO 1011 61st Avenue Crownsville State Hospital 3. NAME OF 4 First Middle Lost DATE Month Year Day DECEASED OF DEATH (Type or print) Ruth Lee 19 57 6. COLOR OR RACE 8 DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS MARRIED THENEVER MARRIED lost birthdoy) Months Days 4/23/94 Hours DIVORCED [7] WIDOWED [7] Female Negro papers 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY! death Housewife District of Columbia oug A3 FATHER'S NAME ä 14 MOTHER'S MAIDEN NAME ġ 돌 Not given James Bavard mave 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT State Hospital Crownsville, Md Unk. Unk. Hospital Records Not given 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c),] ONSET AND DEATH PART I DEATH WAS CAUSED BYIMMEDIATE CAUSE (6) Renal Failure DUE TO (h) Nephrosclerosis with Hypertensive Cardiovascular Conditions, if any, which gove rise to immediate Disease DUE TO cause (a), stating the underlying couse lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? Decubitus ulcers and Anemia NO 🗍 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 29c. TIME OF INJURY PLACE OF INJURY (Home, form. | 20f. (City or town) Day, Year 20d INJURY OCCURPED (County) (Stote) 0. #1 factory, street, office bldg., etc.) While Not while of work of work p. m. 1056 6/10 21 that I last saw the deceased 21. I certify that Lattended the deceased from that death occurred at 10:458M, from the causes and on the date stated above alive on ADDRESS (Street, city or town, stote) DATE SIGNED Crownsville, Md. ACTUAL SIGNATUR .00 PHYSICIAN'S NAME (Type) Lionel Mapp. FUNER 226, BURIAL CREMATION, 226, DATE THEREOF 22c' NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City Jown (Stote) REMOVAL (Specify) west 11477. 01 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246 RECTO BY REGISTRAN REGISTRAR S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 n5889 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 5912 Reg. Dist. No. 2. USUAL RESIDENCE (Where decemed lived - If institution; Residence before-crimission) PLACE OF DEATH a COUNTY a. STATE 6. COUNTY MARYLAND b. CITY OF TOWN OF BUT c. LENGTH OF STAY IN 16 c CITY OR IDWN (If outside corporate limits, write, RURAL and give nearest town) d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARME YES NO NAME OF DATE Year DECEASED (Type or print) DEATH 19 9. AGE (in yours 6. COLOR OF RACE MARRIED | NEWS MARRIED | 8 LDATE OF BIRTH IF UNDER TYPER IF UNDER 24 HRS Months DIVORCED OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ARMED FORCES? 16. SOCIAL SECUR I'll yet, give wor or dates of service) TE CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
MAMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which) gave rise to immediate couse **DUE TO** (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALD SEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? NO.E 200. EXTERNAL CAUSE WAS PRIMARY () OF CONTRIBUTING () CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II) of item 18.) Month, Day, Year 20d INIURY OCCURRED | 20e. PLACE OF INSURY (Home, form, | 20f. (City or town) 20c TIME OF INJURY (County) (State) factory, street, affice bldg., etc.) Haur o. m. While Nat while at work at work p. m. 21, I certify that I tank charge of the remains described above, held an Autopsy ... Inspection . Inquiry death resulted from Nativeal causes Accident . Suicide . Homicide . Undetermined couse DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY EXAMINER'S DEPUTY MEDICAL EXAMINER TO NAME (Type) 220 BURIAL CREMATION, 225 DATE THEREOF 22d. JOCATION (C'ty, lown, or county) 0 23. FUNERAL DIRECTOR'S SHADIATUR 240 REC'D BY REGISTRAR 24b. PELSTRAR S SIGNATURE VS. ATSME(\$)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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The law requires that the death certificate be executed

hours ster death

director,

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 certificate has been executed by the attending physician and completely filled in by the funeral directoral certificate assembly should be detached for use as a burial transit permit.

copy may be retained by the hospital or attending physician.

The bottom

5914

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH		2. UBUAL RESIDEN	ICE (HOME) OF DE	CEASED	
COUNTY Anne Arundel MARYL	AND	STATE Ma.	COUNTY	AA	COGA
CITY (II outs de corpora e limits, write RURAL LENGTH OF	outs de corpora a limits, write RUSAL LENGTH OF STAY CITY (Il outside corporate limits, write RUSAL and give ne				1
Town Glen Burnie 10	yra.	OR TOWN /17 an	Burnie		
HOSPITAL OR	27.00	STREET	(It sure) give	s location)	
INSTITUTION OF		ADDRESS			
STREET ADDRESS 508 Delmar Ave SE			elmar Ave	SE	
3. NAME OF (Figst) (Middle)	,	(Last)	4. DATE (Moni	h) (Dey)	(Yaar)
(Type or Print) Clara Jane	6	ona	DEATH 6	18	1957
5 SEX 6 COLOR OR 7 SINGLE, MARRIED,	8 DATE OF	BIRTH	9 AGE lest birthday	IF UNDER 1 YEAR	IF UNDER 24 MRS.
F RACE WIDOWED, DIVORCED, SPECIFY WILCOW	Nov.5	,1876	80 yn.	Months Days	Hours Min
10a USUAL OCCUPATION G va kind of work 10b KIND OF BUSINES: done during most of working life, even iil OR INDUSTRY	5 1	II BIRTHPLACE (Stelle or forei	gn country)	12 CITIZE	N OF WHAT
retired) Housewife Own Home		Baltimore	. wd.	USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME		
Alfred Morris		Matile	da Moore		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECT	JRITY NO.	17. INFORMANT & A	DDRESS		
(Yes, no or unk.) (If Yes, give wer or deles of service)	Programme Sameran. 104	Mrs Edit	h Long so		
	DICAL CERT	I FICATION			RVAL BETWEEN
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH CALCULA PAUCILLO ONSET AND CONSET AND					
I IMMEDIATE CAUSE (A)	www	a paner	200		
ANTECEDENT CAUSE(S) DUE TO		1 4			
DISEASES OR CONDITIONS, IF ANY, (B)			<u> </u>		
GIVING RISE TO THE ABOVE CAUSE DUE TO					
(C)					
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
DISEASE OR CONDITION CAUSING DEATH.					
194. DATE OF OPERATION 195. MAJOR FINDINGS OF OPERATION				YES	AUTOPSY?
216. ACCIDENT WAS UNDERLYING [] 216 FLACE (Home, form, fector) OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY street, effice bidg , etc. (IF ETHER, NOTIFY MEDICAL EXAMINE)		c. WHERE DID INJURY OCCUP	(City or town)	(County)	(State)
21d. TIME OF INJURY (Month) (Day) Year) (Hour) 21e INJURY OCCU		II. HOW DID INJURY OCCUI	R 7		
	work				
22. I hereby certify that I attended the deceased from #	lune	, 19/454, 10. J.L	Inc 19.57	that I last say	w the deceased
alive on 6-17. 19.5 7 and that death	ofcurred at	12N. M. from the c			
SIGNATURE AND	7	ADDI	IN Sireet, city, 4owr	1. 21419)	DATE SIGNED
EL CURIMBUS DAMARKA ITALI	M.D.	Alle a	Jellill!	1111d 6	5-18-57
	CEMETERY OR C	REMATORY	LOCATION (City, town	, of county)	(State)
Burial 6/21/57 Cedes	on TIP TH		Balt.	imore 2k	
24 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	41777	25. FUNERAL DIRECTOR'S	SIGNATURE (ADDRES	, Md
1 2 7 7 2 m	, e	Hopping & K	12/2002/4	Yan Distan	4 m
DATE	. 1-	L. Dhrug a V	TIME A CA	ken Burn	TE

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	-1			Tem 7: @ 217 6 18/50 CERTIFICATI	E OF DEATH	ist. No.
ge 4	setor.			LACE OF DEATH	USUAL RESIDENCE [Where deceased lived If institution Reside	
2	directo filed wit	1		Hone Arandel Co. MARYLAND	a STATE Md. 6. COUNTY A.	A Co.
eo th	T) & G			CITY OF TOWN (If outside corporate limits, write RURAL and give nearest fown)	c CITY OR TOWN (If autude corporate limits, write RURAL and	give nearest lown)
P -a	o old		_	NAME OF HOSPITAL (If not +n hospital, give street address)	Ruril - Baltime	C 42.
go sano	> @ ₹ #			OR INSTITUTION	115 E. Audrey Av	IS RESIDENCE ON A FARM? YES NO X
24 ho	illed es 1 c	44		IAME OF ECEASED PLANET SCEED IN	Lost 4 DATE JMonth OF DEATH JVNC	Day Year 1957
with	s. Pag		5. 5	6. COLOR OR RACE 7 MARRIED NEVER MANNIE DE BOU		Pays Hours Min
cotec	d E E E E E E E E E E E E E E E E E E E		10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired)		TIZEN OF WHAT COUNTRY
exe	o pu	1		Carpenter SELE BAR	MARYLAND	US
ote be	rarcion ove corb		13.	TUMM, in Louman	4. MOTHER'S MAIDEN NAME Eliza Lloyd	
rtific	S SA		15. (Yes	NAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFOI	RMANT	
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ne dea	offen en plec at wathi			PART I DEATH (Enter only one cause per lige for (c). (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CYC PYAC TO SEE THE CAUSE (a)	Thrombosis	ONSET AND DEATH
that t	by the			Conditions, if any, which) OF VEBRAL O-	Prterioscleruses	5-6 year.
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PHYSIC of or att	his certi- use as emotion,		MEDICAL	Revr o. ft. p.m. 19 About 0. ft. p.m. 19 About 0. ft. 19 About 0. ft. 19 About 0. ft. About 0. ft. About 0. ft. 19 About 0. ft. About 0. ft.	OF INJURY (Home, form, street, office bldg, etc)	County) (State)
Sp. jg.	± 4 ± 4 ± 4 ± 4 ± 4 ± 4 ± 4 ± 4 ± 4 ± 4			21. 1 certify that I attended the deceased fram. 1950	, 19 , ta JUNE 18 , 19 5), that I	last saw the deceased
TEND The ha	OR: A			alive an JUNE Y, 12 , and that death acc	curred at 330 AM, from the causes and an t	he date stated above
od by	FCT Series of the			ACTUAL Senjain Berdon M.O.	5010 A Litche	Hig
retoin	stror p	,		PHYSICIAN'S BENSAMIN BEDDANN	1	
HOSP oy be	500 3 6 169		220	BURIAL, CREMATION, 226 DATE THEREOF 22C, NAME OF CEMETERY OR CRI	1. 0.1 8	(State)
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SERAL 3 shot	22	NAME (Type) Clury Us,	Wel;		
Page 14		Semoval (Sperity) June 28-57 Southon Fund Pal	Cy town, or county)		
YS A15 (4) 15M 9/55	23.	John M. Jayer Sons and poles Mal 240 REC'D BY REGISTRAR DATE 6/28/57	245 VENETRAR'S SIGNATURE		
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BUREAU V. A.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. COUNTY b COUNTY Anne Arundel MARYLAND Washington District of Columbia b. C TY OR TOWN (If outside corporate limits, write RURA) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give repress rown) Dorsey Few seconds Washington d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? .00 Baltimore-Washington Expressway YES NO TO 4801 Sargeant Street 3 NAME OF M+ddle DATE Year ē DECEASED (Type or print) DEATH Sister Adelard McAuliffe. O.S.B June 3rd 1957 6. COLOR OR RACE 7 MARRIED NE R MARRIED E 8. DATE OF BIRTH 5 SEX 9. AGE in years IF UNDER TYEAR IF UNDER 24 HRS ion, birthday) Months Davs Hours Min 60 WIDOWED [DIVORCED T TO USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) East Grand Forks Minn Nun 13. FATHER'S NAME 14 MOTHER'S MA DEN NAME Pages 1, podes 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address g) Q. ŝ 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Fracture of skull Sudden XCXX **DUE TO** Canditians, if any, which gave rise to immediate cause gua DUE TO (a), stating the underlying cause last. PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBLE NO TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY ő CATION nding: PERFORMED? NOTE 200. EXTERMAL CAUSE WAS
PRIMARYO OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 1 of Item 18.) Car skidded off the highway and turned over Ě 20c TIME OF INJURY Month, Day, Year 20d IN. LRY OCCURRED | 200 PLACE OF INJURY (Hame, form | 20f (City or town) (Caunty) (Siote) factory, street, office bldg., etc.) Not while While of work of work XX Route US Md Donsey 21 I certify that I took charge of the remains described above, held an Autopsy , Inspect an XI, Inquiry XI, and find that death resulted from: Natural causes . Accident XXI. Suicide . Homicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Gustave H. Faubert.M.D DEPUTY MEDICAL EXAMINER USPU NAME (Typo) \$ 3 220 BURIAL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town or county) (Stote) REMOVAL (Specify) 0 Cemetery Duluth. Burial 23. FUNERAL DIRECTOR'S SIGNATURE 246 REG STRAR'S SIGNATURE 240 REC'D BY REGISTRAR VS. A15N(E(5) DATE 5M 9/55

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Memo from the desk of:

Jim Ryan

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Suca G. Mel, Egan, Je



MARYLAND STATE DEPARTMENT_OF_HEALTH—BALTIMORE, 18 05895Item t CERTIFICATE OF DEATH Rea. Dist. No PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission). a. STATE Maryland a COUNTY Anne Arundel 6 COUNTY Wicomico MARYLAND b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town] 7mos.24days Salisbury Crownsville d NAME OF HOSP TAL (If not in hospital, give street address)
OR INSTITUTION
Crownsville State Hospital d. STREET ADDRESS e. IS RES DENCE ON A FARM? 514 Delaware Street YES NO 4. DATE OF DEATH 3, NAME OF Middle Month William McBride 6 19 57 (Type or print) IF UNDER TYEAR IF UNDER 24 HRS 6 COLOR OR RACE 17 MARRIED NEVER MARRIED S. SEX AGE (la years B DATE OF BIRTH Months Davi Hours Negro Male DIVORCED [WIDOWED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 TRIHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? NOT given Not given Mary land U. S. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Not given Not given 15 WAS DECEASED EVER IN L. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANI Crownsville State Hospital Hospital Records nk. Crownsville 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH Right cardiac failure PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO Udil X C. N. S. Syphilis Conditions, if any, which gave rise to immediate DUE TO cottse (a), stating the underlying couse last. PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 7(a) 19 WAS AUTOPSY PERFORMED? YES IN NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20e. PLACE OF INJURY (Home, form, 20f (City or town) 20c TIME OF INJURY Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a. m. While Not while at work of work 21. I certify that I attended the deceased fram, that I lost saw the deceased alive on__6/13 and that death occurred at 10 PaM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) Crownsville, Md. ACTUAL SIGNATURE PHYSICIAN'S Ludwig Benedict. M. D. NAME (Type) BORNAL, CREMATION, 1205. DATE THEREOF 22c NAME OF CEMETERY OF CREMATORY . [State] FUNERAL DIRECTOR'S SICHATURE 240 REC'D BY REGISTRAN 7246. REG STRAR'S SIGNATURE **ADDRESS** VS A1S (4)

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If not fution, Residence before admission) a COUNTY P CONNEX MARYLAND Arundal Vary and b. CITY OR TOWN All outside corporate hours, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negres! found 10 minutes Brooklyn <u>Brooklyn</u> d. NAME OF HOSPITAL OR INSTITUTION. (If not in hospital, give street address) d STREET ADDRESS S RES DENCE ON A FARM? 16 Pebble Drive Lukes Trailer Campyes No D Pond branch of Potansco River 3. NAME OF Middle DATE Month Year DECEASED OF DEATH (Type or print) 19 57 Stanley Leon McCauley June 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 14 8 DATE OF BIRTH 9 AGE (In years IF JNDER TYEAR IF UNDER 74 HRS las birthday) Months Denvs Hours М. WIDOWED [DIVORCED [yes. 10a USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CIT ZEN OF WHAT COUNTRY? during most of viprising life, even if retired) MillCreek, West Virginia. U.S.A. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Olan Stanley McCauley Nettie McCaulev 15 WAS DECEASED EVER IN L. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address Mr. Olan McCauley. Father. 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] INTERVA BETWEEN Stiddeh" PART I DEATH WAS CAUSED BY Accidental Drowning IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause! DUE TO (a), stating the underlying couse lost. PART II, OTHER SIGNIF CANT CONDITIONS CONTRESTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(0) 17, WAS AUTOPSY CATION PERFORMED? NO Z 200 EXTERNAL CAUSE WAS PR MARY DE OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of 1em 18) Provning EDICAL 120d NJURY OCCURRED 200 PLACE OF INJURY (Home, form, 120f (C'ty or town) 20c TIME OF INJURY Month, Day, Year (County) (Stote) foctory, street, office bldg., etc.) Not while D. M. 30 al work al work p m Branch of Potapsco River, Brooklyn.A.A. 21. I certify that I took charge of the remains described above, held an Autopsy ... inspection [8]. Inquiry [8], and find that Accident X. Suicide . Homicide . Undetermined cause Natural causes DATE SIGNED ACTUAL SIGNATURE ASSISTANT MED CAL EXAM NER DEPUTY MEDICAL EXAM NER NAME (Type) Gustave H. Faubert, M.D. 27c, NAME OF CEMETERY OR CREMATORY 270 BUR AL CREMAN ON, 226 DATE THEREOF 22d LOCAT ON ACH (State) more 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC D BY REGISTRAR 24b REGISTRAR \$ 5 GNATURE DATE

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Y		5860 CERTIFICATE OF DEATH	(15897) Dist. No.
Page 4		1. PLACE OF DEATH a COUNTY A CO, MARYLAND 2 USUAL RESIDENCE, Where deceased lived If institution Results of STATE D. COUNTY 6.	
funeral		b. ATY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL or RURAL and give nearest town).	nd give nearest town)
45 44 44 44 44 44 44 44 44 44 44 44 44 4		of NAME OF HOSPIAL (If not in hospital give street address) SZ BLOOMS BURY S9. d STREET ADDRESS BLOOMS BUR	o is res dence on a farm? Yes \(\) NO \(\)
11ed No.		3 NAME OF DECEASED (Type or print) A ELLIE E TEEKINS OF DEATH	2/ Year 1957
id within		5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (I'II years Funt loss buildigy) Month	DERTYEAR IF UNDER 24 HRS
execute nd com	-	HOYE HOUSEWIFE MARYLAND	CITIZEN OF WHAT COUNTRY
sicion of		JOHN H. COLE CATHERINEC, AUSTIN	U
h certifi fing phy se remo		15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT WILLIAM W. MEEKINS	#2-
he deat a attend on plea		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Accept Coccase after That was the cause of the contract of the cont	ONSET AND DEATH &
s that the day the mit. The my ever		Conditions, if any, which) (b) He ce + 1- 13 Co E/L	Some Mon
require on 1 signes sit perr		gave rise to immediate cause (a), stating the under lying cause last. DUE TO (c) 1/1 / 1/2 / 2 / 1/2	Jein houth
physics as beer ial-tran		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P	ART I(a) 19 WAS AUTOPSY PERFORMED? YES NO
IAN: Ti ending ficale h the bur		20a. ACC.DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enternature of injury in Port 3 or Port 16 of item 18.) OR CONTRIBUTING CAUSE OF DEATH	
PHYSIC of or all his cert r use as emation		20c. TIME OF INJURY Month, Day, Year Month, Day, Year Hour s. st. 19 Dot work of work	(County) (State)
After) haspilk		21. I certify that I attended the deceased from the 2 2 1957, to the 21, 1957, that alive on 21, 1957, and that death occurred at 2 1972 M, from the causes and on	I last saw the deceased
A ATTEN d by the ECTOR: per detor	,	ACTUAL SIGNATURE SIGNATURE ST. CLEVES PLYTACE M.D. 40 FrailLie St., Cleve	DATE SIGNED
TAL OL		PHYSICIAN'S J. CLIVER FURVIS ANNA POLIS MAR	VIANO
HOSPI NOY De FUNER Age 3 s	,	220. BURIAL CREMATION. 226. DATE THEREOF 22C NAME OF CEMETERY OF CREMATORY 22d OCATION (City, lown, or county) 4-23-57 /- LOCATION (City, lown, or county)	y) (Signe)
2 ° 2 ° ±	150	OF TUNERAL DIRECTOR'S SIGNATURE PODRESS 240. REC'D BY REGISTRAR 1246, REGISTRAR'S DATE 1/2 40. REC'D BY REGI	SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5919 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Reg.	Dist.	N	œ.		

1	PLACE OF DEATH D COUNTY					2. USUAL RESIDENCE (V				dence befo	ore edm-ss on)
	Anne Arur	IND	o state Maryland b. COUNTA: A.								
	b. CITY OR TOWN (If a and give means) lawn)	pulside corporale limits, writ	TUTAL	c LENGTH OF STAY IN	116	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
	Orchard Be	each		2 hrs.		Baltimore			,	ود	
	d. NAME OF HOSPITA	L OR INSTITUTION (if not in hospi	ital, give street address)		d. STREET ADDRESS	~ -				. S RES DENCE
L	Stoney Cre	eek				2460 Navada	St.	(2460)	Nevada :	St.)	YES NO L
3	NAME OF DECEASED	Fir	ıl	Middle		Lost	4 DATE OF		Manth	Day	Year
-	(Type or print)	Edward Ba		Miller	No. I		DEATH	o unic			1957
	SEX	6. COLOR OR RACE		NEVER MARRIED	_4-1	I = I + I		9 AGE (n ye	Months	-	Hours Min.
	М.	W	WIDOWED	DIVORCED [1 + 1/	9/42		14	утя, 7	14	PROUES PARTIE
10	during most of working	N (G've kind of work of the over the order of the over of the order of the over the	-	ND OF BUSINESS OR IN	DUSTRY	Baltimore	_	country)	12 CI	U.S.	WHAT COUNTRY?
13	. FATHER'S NAME				1	4. MOTHER'S MAIDEN N	IAME				
	Harry M.	Miller				Gertrude I	orotl	hy Ferb	er		
15	WAS DECEASED EVE			OCIAL SECURITY NO.	17 INF	ORMANT		Ad	dress .		
1	n, no, or unengwn)	If yes, give wor or dottes of NO	service)		M	. Harry M.	Mille	er,(Kat	her)		
F	IR. CAUSE OF DEATH	4 [Enter only one cou	se per line fo	or (o), (b), and (c),]			2460	Nevada	Street	,West	COPE
	PART I DEATH	WAS CAUSED BY	Aci	didental Br	own:	lng				0.21	TGG&AH,
	,	MMED ATE CAUSE (o)								-	
	Condition of an	DUE TO									
	Conditions, if any, which by gave rise to immediate cause (
	(o), sloting the underlying DUE TO										
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15	200 - 147501 14 5444	- 11/2¢								- Y	ES NOTE
CERTIFICATION	PRIMARY IN OF CONT CAUSE OF DEATH.	TRIBUTING []	b. DESCRIBE I	HOW INJURY OCCURRE	D (Enti	er noture of injury in Part	l or Part	II of item 18.)			
1		Ur		(could not							
MEDICAL	Hour a.m	Month, Day, Yea	μ 20d N. Whe	Not white	PLACE factory	OF INJURY (Home form, a reet, office bidg., etc.	, 20f. (C	ty or town)	(Co	ounty)	(State)
N N	4.30 P.M.6	/23/57 19	of work		ton	ay Creek	Orc	hard Be	ach A.	A. 1	Md.
	21. I certify the	ot I took charge	of the re	moins described	above	e, held on Autops	/ .	Inspection	🔼, Inqui	iry 🔼,	and find that
	deoth resulted	from. Notural	couses 🔲	, AccidentXX,	Sulch	de 🔲, Homicide	□, □	Jndetermin-	ed cause].	
	//	1_	2/00) /		110	_				
	ACTUAL SIGNATURE	steal	18-6	werlas	M	CHIEF MEDICAL EX	AMINER [DATE SIGNED
						ASSISTANT MEDICA	AL EXAMIN	VER [
	NAME (Type) GE	stave H. F	aubert	.M.D.		DEPUTY MEDICAL E	EXAMINER	XI Jun	e 24th.	195	7.
22-	. BURIA CREMATION	, 225 DATE THEREO	F 2	20 NAME OF CEMETERS			22d. LOC	ATION (City In	own, or county)		(e¹o(2)
	Burial	6-27-57		Baltimore, C	eme	tery	Eas	t North	Ave.Ba	lto:	Md.
23.	FUNERAL DIRECTOR'S	SIGNATURE	3 69 67 67	ADDRESS		2 4 EK	M) REOI		REGISTRAR S S		
	George J.R	uth, Inc.	TASS H	to:Md.	TUP	DATE	40	199/	1 100	1. X	Le Sivan
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5861 CERTIFICATE OF DEATH

8 05899 Reg. Dist. No. 21

PLACE OF DEATH COUNTY Anne	Arundel	MARYLAN	II m. STATE	ICE (Where deceased lived if insternational b. COUN	tution Residence before admission) ITY Anne Arundel				
b. CITY OR TOWN (IF RURAL and give nec Annapolis	outside corporate limits, write irest town)	c. LENGTH OF STAY IN 1	1	c. CITY OR TOWN (if autode corporate limits, write RURAL and give nearest lawn) Annapolis					
d. NAME OF HOSPITA	L (If not in hospital, give street	oddress)	d STREET ADD	RESS	# IS RESIDENCE				
or institution Anne Allum	el General Hos	pital	906 R	ldgeway Ave.	ON A FARM? YES TO NO TO				
3. NAME OF	First	Middle	Lest						
(Type or print)	Thelma	F.	O'Neale	OF.	17, 1957 19				
5. SEX	6. COLOR OR RACE 7 MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In year lost birthdo)					
Female	White widow	ED DIVORCED	March 2	7, 1902 55	7) Manths Days Hours Min				
during most of works	N (Give kind of work done 10b. ng life, even if retired) WIFO	KIND OF BUSINESS OR IN		E (State or foreign country) Lmore, Maryland	12 CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME			14. MOTHER S M	AIDEN NAME					
Ja	mes L. Taylor		Je	my Morrisberger					
15 WAS DECEASEDEVER	IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO 17	INFORMANT		address				
no	no. give wor or dates of service)	none M	r Eugene L	. O'Neale - Husba	and- same as # 2				
	H (Enter only one cause per l	ine for (a), (b), and (c).]	1	1	INTERVAL BETWEEN				
PART I. DEAT	H WAS CAUSED BY:	· Conqueti	un faci	lun	ONSET AND DEATH				
r K	DUE TO								
Conditions, if an	y, which } (b)	turne	antio	CUD	July.				
gove rise to im		1 1	7.						
couse (a), stating the lying couse lost	ne nuget.	valety	m.						
	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO TH	ETERMINAL DISEASE CONDITION	GIVEN IN-PART I(a) 19 WAS AUTOPSY				
3 4an	grene. l	eft too	ttlee.	auchitel	PERFORMED?				
200 ACCIDENT WAS OR CONTRIBUTING UIF EITHER, NOTIFY IN	LI CAUSE OF DEATH I	CRICE HOW INJURY OCCUI	RRED (Enter nature of in	jury in Port Var Port II af item 18.)	V 100 E3				
	Month, Day, Year 20d (NJURY OCCURRED 20e	PLACE OF INITIBY IN	me, form, 20f (City or town)	(County) (State)				
20c. TIME OF INJURY Hour o. jt. p. m	While		factory, skeet, office b	dg. etc.)	(Covery) (side)				
21. I certify the	of I offended the decease	sed from 12 - 22	- 1952	10 6-17 - 195	Z,that I last saw the deceased				
alive an					s and on the date stated obove.				
	1	100,0		ADDRESS (Street, city or tov					
ACTUAL T	Frank M.	Huples	M.D		4-15-57				
PHYSICIAN'S NAME (Typo) F	rank Shipley		63 <u>Coll</u>	ege Ave. Annapol	lis, Md.				
220. BURIAL CREMATION	i, 22b. DATE THEREOF	224 NAME OF CEMETERY	OR CREMATORY	22d LOCATION (City, tow	n, ar county) (State)				
Burial	June 21, 1957	Masdowridge	Gemetery	Elkton, Mary	land .				
23. FUNERAL DIRECTOR'S	SIGNATURE OFFICE,	ADDRESS			GISTRAR'S SIGNATURE				
1/2	Funers/Home	/		11 M 9 H 10 L /	U1 .				

BUREAU V. S.

DECENALD

1.			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
ve.	1	P	5862 CERTIFICATE OF DEATH Reg. Dist. 0.5900
directa iled wit	162	1	PLACE OF DEATH O COUNTY O STATE O ST
funeral		Г	b. CITY OR TOWN (If outside carporate limits, write C. LENGTH OF STAY IN 16 C. CAY OR TOWN (If autside forparate lyris, write RVRAL and give nearest town)
y the			of RAME of HOSPITAL OF not Inhouse a give street address Same of HOSPITAL OF NOTIFICATION ON A FARM? VES NO 12
S - Sel			NAME OF DECEASED (Type or print) (2) -1 (2) (2) (3) (4) (4) (4) (5) (6) (7) (6) (7) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9
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or execute the paper the p	T	2	USAL DECUPATION (G ve kind of park done tob. KIND OF BUSINESS OR INDUSTRY IV BIRTHPLACE (State or foreign confirm) 12 CITYEN OF WHAT COUNTRY?
ricare be rician a re carb urs affer			Helson ME Yowans Many M. Crowdy
in cernit fing phy ise remq n 72 ha	^	15 (FI	The specific of the services of the social security no 17 INFORMANT Blows - and - and -
he deal e affend en plea ni withii			18. CAUSE OF DEATH [Enter only one cause per time for (o). (b), and (c)] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) A ST. CLUT PROLUMBIAN STATE ON SET ADID DEATH STATE OF DEATH (Enter only one cause per time for (o). (b), and (c)]
d by the mit The ony even			Conditions, if ony, which of Cerebral Hernarchiage
required in signer ond in a		7	couse (a), storing the under be to b
The faw g physik has bev urial-tra	O	FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUT NO TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
Clark Intending Africate is the burn, or re		CERT	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I at Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town)) (State)
ital or of this certain or use of use or use		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour o. ft. Hour o. ft. p, m, 19 of work of work of work 20e PLACE OF INJURY (Home, farm, 20f (City or town) (County) (State)
he hosp R: After oched f burial,			21. I certify that I attended the deceased from 2 20, 1937, to a 10, 1937, that I last saw the deceased alive on 2 1, 1937, that I last
RECTO RECTO be def	1		ACTUAL SIGNATURE ADDRESS (Biroet, city or town, store) DATE/SIGNES M.D. (10-06 FY ST FMM FPO NO MY d. 6/9/5
ERA 3 sh		700	PHYSICIAN'S NAME (Type)
may by Dogs		1	FUNCERAL IMPECTOR'S SIGNATURE ADDRESS LUR AL, CREMATION. 226, DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) 4.
VS A15 (4) 15III 9/55	۵		William Leese, I- ama. md. HAN 20 100 m. y. Tu no by

Ellpryu V. Z.

DECENDED

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3.4		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
7		. 5864 CERTIFICATE OF DEATH	05902
director, filed with	ĩ	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived it institution: Residence b county b. COUNTY b. COUNTY	
funerational designation		b. CTXOR TOWN (If outside corporate Jimits, write c LENGTH OF STAY IN 16 c CITYOR TOWN (If outside corporate Jimits, write AURAL and give RURAL and give neorest town)	pearest town)
sho sho		of NAME OF HOSPITAL (I normalization of give street address) OK NITHING CO. M. C. C. C. M. C. C. C. M. C. C. C. C. M. C. C. C. C. C. C. M. C.	e IS RESIDENCE ON A FARM? YES NO NO
filled ges 1 c		NAME OF DECEASED (Type or print) Office Por Peaks DEATH 6-	Day Year 7 1957
pleiely press. Pay	5	Male White WIDOWED & DIVORCED 10 - 6 - 1888 68 Months Doy	
execution on paper of death	L.,	Her Rumber Blumber Q Q Co Md M	OF WHAT COUNTRY
shysicion of move corb	L	Millard & Teake Comma Cole	
th certif	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Peake Address of service 10. SOCIAL SECURITY NO 17 INFORMANT Peake Two	Md
the deal he affend hen plea		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized carcinomatosis	ATERVAL BETWEEN WASET AND DEATH
d by that any ev		Conditions, if any, which by carcinoma of bladder	5 yrs.
require an signe and in		couse (a), stating the <u>under-</u> lying cause last. (c)	
physicinos beer riol-tran	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 3/0	PERFORMED? YES NO 1
tending ficate ficate the bu	L CERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSIC ol or ot this cert r use os emotion	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a. ft. p m 19 al work a lawork all work	(State)
DING hospid Affer hed fo rial, cr		21. I certify that I attended the deceased from Lan	
t ATTEN d by the ECTOR: or deloc or to bu		ADDRESS (Street, city or fown, state)	DATE SIGNED
O July		PHYSICIAN'S	6/10/57
HOSPITAL	220	INAME (Type) S. Borssuck, M.D. Annapolis, Md. Annapolis, Md. 226-NAME OF CEMETERY OF CREMATORY A IZZE LOCATION (City Joyn) OF CEMETERY OF CREMATORY A	(Store)
TO HO Page the re	23	SUNECOL 6-10-57 (Once for Burial Frounds Mest Front Super Pariet Front De Pariet Parie	- ma
VS A15 (4) 15M 9/55		John M. Layler ours Umapolin M. DATE 6/0/57	Lounc
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OBAIDE OF THE PORT OF THE PORT

1	5865 CERTIFICATE OF DEATH	Reg. Dist. No.
	1 PLACE OF DEATH, o. COUNTY USUAL RESIDENCE (Where deceased I vgd. If insti- o. STATE MG. T. M. COUR	
losens)	b. CITY OR JOWN (If outside corporate limits, write RUBAL and go ve cearest fown)	te RURAL and give nearest town)
The function of the function o	d NAME OF HOSPITAL OF not in hospital, give street address), d. STREET ADDRESS d. STREET ADDRESS	e is residence on a farm? yes \(\) no \(\)
Poli	OF OF	Month Day Year 2 19.57
oletely fille	S. SEX 6. COURT OF RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In yellow) 10 VORCED 0 - / - 1884	7) Months Days Haurs Min
nd cample on papers.	18a ABBAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY (1) BIRTHPLACE (State for foreign country) Autric May land Authorization	12 CITIZEN OF VOHAT COUNTRY
physician and femore school	13 FATMER'S NAME 214 Dalle Dily	re
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 173 INFORMANT (191. no of optionally All you give mor or deless of services) (191. no of optionally All you give mor or deless of services)	tiloury, and
offending of within 7	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b) and (c).] PART! DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Throughous R middle Churbed Cufu	INTERVAL BETWEEN ONSET AND DEATH
by the	Conditions, if ony, which) (b)	
on. Sit pera	gave rise to immediate couse (a), stating the <u>under-lying couse last.</u> DUE TO [c]	
physici nas been riof-tron noval, o	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	YES NO
franta fre bu	20a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of Item 18.)	
ool or of this cert ruse of emotion	20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED White Nat white of work at work at work at work at work.	(County) (State)
he hospit R: After roched fo buriol, cr	21. I certify that I attended the deceased from 6/8, 195), to 6/24, 195 olive on 6/23, 195), and that death occurred at 42 M, from the cause	that I lost sow the deceased sond on the dote stated above
a der ta	ACTUAL SIGNATURE AS LAN C. 175 Clerrer M.D. C. S. French	
service pri	PHYSICIAN'S Curry of	Md.
moy be page 3 the regi	224 BURIAL CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OR CREMATORY 22d OCCATION (City, for REMOVAL (Specific Co. 2 6.57) Very City	ming mer.
VS A15 (4) 15M 9755	23 FLINERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRARY 246 REC'D BY REC'D BY REC'D BY REGISTRARY 246 REC'D BY REGISTRARY 246 REC'D BY REC'D BY REC'D BY REGISTRARY 246 REC'D BY REC'D BY REGISTRARY 246 REC'D BY REC'D	eonstrairs signature

TEST TO SALL

5866 **CERTIFICATE OF DEATH** Reo. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived - If institution. Residence before admission) COUNTY **b** COUNTY MARYLAND b RITYOR TOWN (If outside corporate limits, write c. CITY OR COWN Iff outside corporate limits, write RURAL and give recrest fown) & LENGTH OF STAY IN 16 RURAL and give nearest town). Urts (If not in hospital, give street address) IS RESIDENCE ON A FARM YES NO NAME OF DATE Yeor DECEASED (Type or print) DEATH 19 . HE UNDER I YEAR IF UNDER 24 HR MARRIED NEVER MARRIED AGE (In years Months Davs House DIVORCED [7] WIDOWED X 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dyring most of working life, even if relired) 13 FATHERS NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMACIT IB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c), INTERVAL BETWEEN ONSET_AND_DEATH PART I DEATH WAS CAUSED BY 3 days. uremia IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which arteriosclerotic cardio-vascular gove rise to immediate **DUE TO** renal disease c : hypertension cause (a), stating the underyrs. lying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOL 19, WAS AUTOPSY PERFORMED? peritonitis YES NO SO <u>lcause</u> not determined 206 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED (Enfor noture of injury in Part I or Part II of item 18) 29c TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or lawn) Day, Year 20d. INJURY OCCURRED (County) (State) Hour g. p. factory, street, office bidg., etc.) Not while al work of wark 21. I certify that I attended the deceased from 6/18/ , 19.____that I last saw the deceased _____, and that death occurred at 11:39M, from the causes and an the date stated above ADDRESS (Street, city or lown, state) DATE SIGNED ACTUAL Amos Garrett PHYSICIAN'S Annapolis, Md. M.D. Borssuck, NAME (Type) BURIAL, CREMATION, 226. DATE THEREOF 224 NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown) a count 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 245 REGISTRAR & SIGNATURE

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HOSPITAL



5921 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) Filed a COUNTY g STATE **6. COUNTY** MARYLAND unach b. CITY OR TOWN (If outside carparate limits write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) å BHRAL and aive seerest town) 200 d NAME OF OSPITAL (If not in hospital, give street oddress) d STREET ADDRESS E IS RESIDENCE ON A FARM? OR INSTITUTION Carlein YES NO NAME OF First Middle Lost DATE Month Year Day DECEASED OF (Type or print) DEATH 195 1110 FUNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6 COLOR OR RACE 8. DATE OF 8 RTH 9 AGE (In years 7 MARRIED LIEVER MARRIED Months Days Hours DIVORCED [WIDOWED [T popers. 10a LSUA. OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during root of working life, even inferred) 12 CITIZEN OF WHAT COUNTRY? Tuslin istma ŏ 13 FATHER'S NAME ofler 14. MOTHER'S MAIDEN NAME Ove 5/WAS DECEASED EVER IN U. S. ARMED FORCES? AS SOCIAL SECURITY NO 17. INFORMANT Address INTERVAL PETWEEN 1B. CAUSE OF DEATH [Enter only one cause per lime to (a), (b), and (c).] PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) 400. **DUE TO** ony Conditions, if any, which permit gave rise to immediate **DUE TO** cottse (a), stating the underlying cause lost PAID II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19 WAS AUTOPSY PERFORMED? YES 🗍 NO 🧮 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) factory street, office bldg., etc. Hour o m While Not Altre of work at work p m 21. I certify that I attended the deceased from That I last saw the deceased alive on and that death occurred at M, from the causes and on the date stated above. ADDRESS (Street, City of Towns state) BATE SIGNED ACTUAL P. SIGNATUR PHYSICIAN'S NAME (Type FUNER, 220 BLR AL CREMATION, 226 DATE THEREOF 220" NAME OF CEMBRERY OR CREMATORY 22d. LOGAT ON [Citys town, or county] (Stote) REMOVAL (SIRSTY) andol O 23 FUNERAL DIRECTOR'S SIGNATURE 24a REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE 35M 9/55







1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	B 05909
- Se \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	' 5922 CERTIFICATE OF DEATH	Reg. Dist. No.
director de la constanta del constanta de la constanta de la constanta de la constanta de la c	1. PLACE OF DEATH O. COUNTY Anne Arunde Maryland 2 USUAL RESIDENCE (Where decreased lived. If institution of STATE b. COUNTY Maryland Balt	n Residence before admission)
be a be	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside carporate limits, write RU ANGRAL and give nearest lown)	IRAL and give negrest town)
ier d ie fun noufd	d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS	e IS RESIDENCE
Surs of	Crownsuille State Hospita 27 Spring Street	ON A FARM? YES NO
Silled Feet 1 o	3 NAME OF DECEASED (Type or print) Susie Robinson (A. DATE OF DEATH)	Day Year 1957
letely f	5. SEX Female / GOLOR OR RACE / MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years top) birthday) STORY Not given 9 AGE (In years top) birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Mon
comp comp poper oth.	10a JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
and bond	Not given Unknown Virginia 13 FATHER'S NAME 14 MOTHER'S MA DEN NAME	U.S.A
ician ician	Ben Powell Julia Fipps	
phys emay may	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Of services and services of services and services are services and services and services and services are services and services are services and services are services and services and services are services are services and services are services and services are services are services and services are services are services and services are services are services are services and services are services are services are services are services and services are ser	"ille State Hospital
ath c nding sose r hin 77		INTERVAL BETWEEN
after after will the de	PART I, DEATH WAS CAUSED BY: Congestive Heart Failur	ONSET AND DEATH
y the The	-34./ DUE TO	
ned b ermit.	Conditions, if any, which gove rise to immediate DUE TO	
non sign	lying coute lost. (c)	
hysici hysici il-trar val, c	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	PERFORMED?
ing plant produced buring produced buring produced buring produced buring remain and produced buring produced	200. ACCIDENT WAS UNDERLYING [] 200 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of Item 18.) UNITED THE INJURY OF THE	YES NO
Tifica iffica in ar	7,076	
PHTN al or a his cer r use a emotio	S 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. fs. 19 White Not while at work at work at work 19 work 19 White Not while at work 19 work 19 White Not while at work 19 wo	(County) (\$'ate)
ING Wher of ca		,that I last saw the deceased
the the tack	olive on 14129, 1957 19, and that death occurred at 11:55 AM, from the causes or	
MECTY ECT be de	SIGNATURE Crownsville, Md. Crownsville, Md.	6/10/57
A tain	PHYSICIAN'S Ludwig Benedict, M. D.	and the second s
TOSPI UNER 10 3 3 5 1 cegis	270 EURIAL, CREMATION, 226 DATE THEREOF 270 NAME OF CEMETERY OF CREMATORY 270 OCATION, ICIN, found of	County) (State)
o e o a a	22 FINERAN DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 240. REGIST	TRAR'S SIGNATURE .
VS A15 (4) 15M 9/55	Milliam Seese 11 - Roma. Md. 17 1957	E. M. Veren.

BUREAU V. S.

DECEDARD

Reg. Dist. No

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours offer death. Page

VS A15 (4) 15M 9/55

	MACE OF DEATH	.A.County		MARYLAND	2 USUAL RESIDENCE OF STATE	DENCE (When	re decesse	b COUNTY	A.A.	ore admission)	
Ī	RURAL and give he North Lin	c. LENGTH OF STAY IN 15	c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) North Linthicum								
	d. NAME OF HOSPITA	At (If not in hospital, g	re street e	oddress)	d STREET A	DDRESS				IS RESIDENCE ON A FARM?	
	OK INSTITUTION	21 Hampto	n Roa	ıd	21 Ha	unpton	Road			YES NO	
	NAME OF DECEASED	Fire	il	Middle	Las		4 DATE	Mon	th D	oy Yeor	
- 1	(Type or print)	901	rles	J.H.	Roc	s,Sr.	DEATH	J.	ine .	L6 19 57	
5 5	SEX	6 COLOR OR RACE	7 MARR	IED 🔀 NEVER MARRIED 🔲	B. DATE OF BIRTH	1		9 AGE (In years eyast birthday)		R IF UNDER 24 HRS	
	M le	White	WIDOWE	D DIVORCED [October	26,188	34	72 yrs	Months Days	Hours Min	
	during most of work	N (Give kind of work of ing life, even if retired)	ione 10b.	KIND OF BUSINESS OR INDU		ACE (Slote of	r foreign o	ountry)	4	F WHAT COUNTRY?	
13.	FATHER'S NAME			· · · · · · · · · · · · · · · · · · ·	14. MOTHER'S	MAIDEN NA	WE				
		Unknow	ı			Unkno	own				
15		IN U S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17	NFORMANT			Addr	9 55	North	
,Ye1	i, Ad, or unknown)	If yes, give wor or dates of it	rvsca)	Cha	arles J.H	l. Roos	s, Jr	., 29 Han	pton Rd.	,Linthicum	
	PART I DEAT	IM WAS CAUSED BY IMMEDIATE CAUSE (o	- 1 &	te for (o), (b), and (c)]	whie	C.	VJ)	INT	ERVAL BETWEEN	
	Conditions, if ar	nmediole (bibrai	181	lle	De	2		54 aw	
	lying cause lost.	cosse (a), stating the under-									
S.	PAIT II OTH	ER SIGNIFICANT CON	DITIONS C	ONTR BUT NG TO DEATH BUT	NOT PELATED TO	THETERMIN	AL DISEAS	E CONDITION GIV	EN IN PART 1(a)	PERFORMED?	
3	to the same									YES NO	
CERTIFICATION	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	RIBE HOW INJURY OCCURRE	D (Enler noture o	f injury in Po	rt t or Por	I II of item 18.)			
MEDICAL	20c TIME OF INJURY Hour o.m. p. m.	Month Doy, Yes	White of work	Not white fo	ACE OF INJURY () clory, street, office	Home, form, bldg., etc.)	20f. (City	or town)	(County)	(Stote)	
	21. I certify the	at I ottended the	deceose	ed from 19 au	1956	10.	UN	19.5	Ithot I last s	ow the deceased	
	olive on	- I som	19 \$	and that death	occurred of		M. from	n the couses o	l .	ite stated above.	
	5		t.	1	Λ.			lreet, city or lown,		/ DATE SIGNED	
	ACTUAL SIGNATURE	to lue	<u> </u>	blight	M.D.	U 10	MALS	rapple	old	611871	
	PHYSICIAN'S NAME (Type)	PAUL S	och	entold	1) 2	108	a	what	4-65 Rd		
220		N, 226 DATE THEREC	F	22c. NAME OF CEMETERY O	R CREMATORY	2	24 LOCAT	MON (City, town, d	(county)	(State)	
	BUT MAL Specify)	6-19-57	7	Cedar Hill C	emetery		Rich:	ie Highwa	y - 1		
	FUNERAL DIRECTOR:			ADDRESS		24a. REC'D	BY REGUST	RAR 246 REGIS	TRÁR'S SIGNATU	RE	
ΑÍ	illiam Cool	k, Inc., 12	217 S.	t.Paul Street		DATE	8 9 31				

DECENALD TEST SELL

BUREAU V. 2.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5924 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution; Residence before admission) a. COUNTY **b.** COUNTY MARYLAND Anne Arundel Marvland 6 CITY OR TOWN (If purside corporate times, write RURAL e LENGTH OF STAY IN 16 c. CITY OR TOWN (If autuale corporate limits, write RURAL and give nearest town) and give nearest town! Cape St. Claire, P.O. Annapolis. 15 minutes Baltimore d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) d STREET ADDRESS a IS RES DENCE ON A FARM? YES NO D Magothy River 7//9 Hull NAME OF Middle DATE DECEASED (Type or print) DEATH William Edward Ross June 19 57 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 18. DATE OF BIRTH 9 AGE (In years IF UNDER TYEAR IF UNDER 24 HRS last birthday) Months WIDOWED | DIVORCED [10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 B RTHP_ACE (Slote or foreign country) 12 CITIZÊN OF WHAT COUNTRY? during most of working life, even if retired) Helper in a grocery store. Baltimore.Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pages 1ge 5 m poges William Ross Eileen Schultz Give Pos 15. WAS DECEASED EVER IN U. 5. ARMED FORCES? 36 SOCIAL SECURITY NO 17 INFORMANT Address Of yes, also wer or detect of service? Mrs. William Ross (mother) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I, DEATH WAS CAUSED BY: Accidental Drowning Sudden form IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which pene f along burnolgave rite to immediate cause DUE TO (a), stating the underlying cause last. PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTINGT RELATED TO THE TERM NA DISEASE CONDITION GIVEN IN PART 1/01/19 WAS AUTOPS NO T 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) PRIMARYO or CONTRIBUTING CAUSE OF DEATH. Jumped in the water from a rowboat and could not swim. 20d, INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, | 20f. (City or fown) 20c TIME OF INJURY Month, Dov. Year (County) (State) Magothy River Cape ST.Claire.A.A. at work of work 21, I certify that I took charge of the remains described above, held an Autopsy [], Inspection [A], Inquiry [A], and find that death resulted from: Natural causes | , Accident XXI. Suicide | , Hamicide | , Undetermined cause | | 010 DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAM NER Gustave H. Faubert.M.D. DEPUTY MED CAL EXAMINER W NAME (Type) 22g BUR AL CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) 0 ETERN 24a. REC'D BT REGISTRATE 246, REGISTRAR S SIGNATURE VS A15ME(5) 5M Pz 55

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BUREAU V. S.

Rea. Dist. No.

2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) . IS RESIDENCE ON A FARM? YES MO 17 Year 51 19 IF UNDER 1 YEAR IF UNDER 24 HRS Months Hours 12 CITIZEN OF WHAT COUNTRY? U.S.A. Address Pasadena. INTERVAL BETWEEN ONSET AND DEATH d PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/01 WAS ALTOPSY PERFORMED? YES INO I (County) (Stote) ., 19.5.7, that I last saw the deceased .M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 22d, LOCATION (City, town, or county) (Stole)

BUREAU V. K.

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		MAKILAND STATE DEPAKTMENT OF HEALTH—BALTIMOKE,	05914/
		5926 CERTIFICATE OF DEATH	Reg. Dist. No.
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FHTSH fais cert fris cert remation	MEDICA	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20s. PLACE OF INJURY (Home farm, 20f. (City or town) factory, street, office bldg, etc.) p. m. 19 of work of work	(County) (State)
Affer hospil of cold o		21. I certify that I attended the deceased from 10/20, 1953, to 10/11, 195 alive on 1957, and that death occurred at 3/15 F. M, from the causes	Zthat I last saw the deceased
d by the (ECTOR: Ector of the color of the c		ACTUAL SIGNATURE Of Bradley Smulh M.D. Priviles Busch	
stror pa		PHYSICIAN'S J. BRADY SMITH RIVIERA BEA	2C4, M12
HOST MAY be Poly 3		REMANDIAL CREMATION, 224 DATE THEREOF 220 DIAME OF CEMETERY OF GREMATORY 22d ADOLT ONLY COM.	or abunty) (Store)
VS A15 (4) 15M 9/SS	23.	FUNGERAL DIRECTOR'S SIGNATURE ADDRESS	istrar & signature
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NECELVE V. S.

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- 1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	15
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S A S A S A S A S A S A S A S A S A S A			alive on JUNE 17, 1957, and that death occurred at 5 7 M, from the causes and on the date sta	
TTE TO THE PERSON OF THE PERSO			ADDRESS (Street, city or lown, stote)	DATE SIGNE
D P	\$		SIGNATURE John L. B. dwin M.D. 48 FRITHICLIN ST. C/1	7152
retg RAU sho	,		PHYSICIAN'S ANAPLLIS, MI,	,
moy be FUNE	ts h	220	(SMOVA) BOOKING (6-21-57 Insublin Cherry 1)	(ote)
VS A15 (4) 15M 9/55	*	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS A	151.0

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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1	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
v 25 (7)		5871 CERTIFICATE OF DEATH Reg. Dist. No. 5	017
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PRYSICI of a att his certif use as amation,		20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a. gt. 19 of work of wo	(Stote)
DING hospite After Halled for silot, cre		21. I certify that I attended the deceased from March 18. 19.5.7, to JUNE 26., 19.5.7; that I fast saw to alive an	
ATEN I by the ECTOR: se deloc or to bu	1	ACTUAL Emily H. Wilem M.D. Littuen, 122 6	DATE SIGNED
re-gine (A) (A) (A) (A) (A) (A)		PHYSICIAN'S NAME (Type)	
may be FUNER Poge 3 :		220. BURIAL, CREMATION, 226 DATE THEREOF 220. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town or addity) REMOVAL (Specify) (1/23/57) (hews	(Stote)
VS A1S (4)	2	23. FUNERAL DIRECTOR'S SIGNATURE PADDRESS 240 REC'D BY REGISTRATE 246. REGISTRATES GUCKNETURE 1 240 DATE 6/26/57	added !
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DECENTER Y. S.

Reg. Dist. No

IS RESIDENCE

ON A FARM?

YES NO

Year

1957

Day

IF UNDER I YEAR IF UNDER 24 HRS

Haurs

V. S.

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED?

YES TO NO IN

(Stote)

DATE SIGNED

12 CITIZEN OF WHAT COUNTRY?

10

Days

(County)

Months.

Baltimore National 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS

REMOVAL (Specify)

24g REC'D BY REGISTRAR

(State)

246 REGISTRAR'S SIGNATURE DATE

Baltimore. Maryland

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1				MARYLA	AND	STATE DEPARTM	ENT OF HEALTI	H-BAL	TIMORE, 1	8	059	120	
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director		1	LACE OF DEATH COUNTY Anne	Arundel		MARYLAND	2. USUAL RESIDENCE (W		l lived. If instituti b COUNTY			city	
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oletely f	,	5.	Male	4.9	MARRI VIDOWE		1875?		9 AGE (In years last birthday) 827 yrs.	Months Day			
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tending physician please remove co vithin 72 hours af		1/10	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Crownsvilled Unk. Unk. Hospital Records Crownsville, Md.										
thin thin			18. CAUSE OF DEAT	TH [Enter only one caus	e per lin	e for (a), (b), and (c).]					NTERVAL B	ETWEEN	
40 E			PART I. DEAT	H WAS CAUSED BY:		Heart, Fail	ure			0	NSEI AND	D DEATH	
The				DUE TO									
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d for the			21. I certify the	at I attended the d	lecease	d from 1/22	19 46 , to	6/5	, 1957	that I last	saw the	deceased	
TOR: Af			alive on 6/4	4	, 1957	, and that death		♣M, fram		and an the d	date stat		
ior bear	1		ACTUAL SIGNATURE	Viculet	1hi		Cr. Cr	ownsvi	lle, Md.		6	/5/57	
2 2 4 1 2 a 2			PHYSICIAN'S LU	dwig Benedi	ct,	M. D.	# # # # # # # # # # # # # # # # # # #		· · · · · · · · · · · · · · · · · · ·				
moy be no FUNER poge 3 s		L	BURIAL CREMATION REMOVAL (Specify)	6/7/5	7	Crownsvelle		27d LOCAT	ION (C ty, tawn, o	or county)	(510	il.	
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VS A15 (4) 15M 9/55			1450	1146. 11	/	7	DATE O	10/5		20 7/1	-		
			,					7	The second second	06.11		3/7	

BUREAU V. 2

DECENAED

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M"

The bottom

5929

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

05921

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
1/16 /2/	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
COUNTY Proceed to the Control of STAY CITY Of outside corporate limits, write RURAL LENGTH OF STAY	CITY (II outside cospetible limits, write RUBAL and give neerest town)
OR and give neavest town) 4 (in this place) 1/2	TOWN Frank L. Lab All A.
- In Carrielle Ty make	March fler Man Henre
HOSPITAL OR INSTITUTION OR	STREET (H rure) gree location) ADDRESS
STREET ADDRESS CENTRE MILLERY 140 me	115 Holiand plant
3. NAME OF (First) [Meddle]	(Last) 4. DATE (Month, (Day) (Yest)
(Type or Print)	11, der DEATH (0 12 1057
S SEX 6 COLOR OR 1, 7, SINGLE, MARRIED B DATE OF	F BIRTH 9. AGE lost birthday # UNDER 1 YEAR H UNDER 24 HRS
2. RACE WIDOWED, DIVORCES, (Spacify) 14 (Spacify) 14	6 1882 Min yrs. Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS	II BIRTHPLACE (State or foreign country) 12, CETIZEN OF WHAT
done duning most of working life, even if OR INDUSTRY	Sounds (
retired Hirosovery Crinking.	Maryldad 4.5.17.
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME
tames Tribaar	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO.	T. INFORMANT & ADDRESS
(Yes, no. or unk) (If Yes, give wer or deles al service)	Stemes Crabb Allen Bergio. M. L.
	TIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
* IMMEDIATE CAUSE (A) A D FOR FOR	1001116111111 3616
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	
STATING UNDERLYING CAUSE LAST, DUE TO	
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	da wan territor
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7
*	YES NO M
216. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING 21b. PLACE (Home, ferm, fectory, OF INJURY street, office bidg., etc.) ### ETHER, NOTIFY MEDICAL EXAMINER)	tc. WHERE DID INJURY OCCUR? (City or town) (County) (Siete)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED 2	PIT HOW DID INJURY OCCUR?
M. White Not white et work	
22. I horeby certify that I altended the deceased from APTLI	, 19 50, to, J. D. 2.L, 19 5 7 that I last saw the deceased
alive on 67.4/, 19.5. /, and that death occurred at.	A. S.M. from the causes and on the date stated above.
BIGNATURE () ()	ADDRESS (Street, city, town, stele) DATE SIGNED
Citable Called M.O.	· Kley de bill 11/0- 15-12-3.
23 BUR AL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, fown, or county) (State)
Beriet 6-16-57 Banet Co	exelly syrone margiant
24 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE -	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS . ADDRESS .
DATE: 17 1953	Mic. Mr C. turs yangtounks

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1		MARYLAND STATE DEPART	MENT OF HEALTH—BALTIMORE, 18	U5922
* ** / · ·		CERTIFIC	CATE OF DEATH Reg. D	Dist. No.
Page d'rector		PLACE OF DEATH COUNTY Arine Arundel MARYLANI	2 USUAL RESIDENCE (Where deceased lived. If institution Reside o STATE b COUNTY Arishe Arrive	
death.		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Anna polis		
2 show		d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION S. Naval Nospital Annapolis Md.	Apt. F-5, Perry Circle	o. IS RESIDENCE ON A FARM? YES NO IX
24 hours 1	1	NAME OF First Middle DECEASED (Type or print) Robert Hammond	Stokes DEATH June	Poy Year 17 19 57
within letely f	11.	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 2	B. DATE OF BIRTH 9 AGE (in years IF UNDE	R 1 YEAR IF UNDER 24 HRS
d comp paper feath.	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of working life, even if retired)		U.S.
the day	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0.0.
erhficate physicia physicia physicia physicia physicia physicia physicia	15. Ye	t. to, or unindust) (if yes, give war or dates of service)	Patricia Hammond McCarthy NFORMANT Address Address	٠
the attending Then please went within 7:		18. CAUSE OF DEATH [Enter only one cause per line for (e). (b). and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Immaturity DUE TO	J. S. Naval Hospital, Annapolis, A	interval Between onset and Death six hours
requires the	_	Conditions, If any, which gave rise to immediate cause (a), stating the <u>under-lying couse last.</u> (b) DUE TO (c)		
The faw g physic has bee irial-rial mayal,	FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B		RT L(a) 19 WAS AUTOPSY PERFORMED? YES NO 1
CIAN: " Hending Hiscore If the bu	A CERTIFI	(IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED (Enter nature of injury in Part II or Part II of item 18.)	
PHYSH ar o this car is use o remation	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INDURY OCCURRED 20e Hour a. j1. p. m. 19 White of work at work 1	PLACE OF INJURY (Home, farm, 20f, (City or town) factory, street, office bldg., etc.)	(County) (Slote)
or ATTENDING ned by the hospit RECTER: After d be detached fo		21. I certify that I attended the deceased from 6-17 alive on 6-17, 12-57, and that deceased from 6-17 ACTUAL SIGNATURE TO THE PROPERTY OF T	ath accurred at 1118AM, from the causes and an ADDRESS (Street, city or town, state)	
PITAL e retail 13 septiment		PHYSICIAN'S NAME (Type) Francesco (n) De Paola LT MC		
MOY BY THE THE	I	BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY BURIAL (Specify) 6-29-57 Naval Comete	ery Annapolis, Md.	(State)
VS A15 (4) 15M 9/55		opping Funeral home Annapolis Md.	24g REC'D, BY REGISTRAR- 246. REGISTRAR'S SI	GNATURE TO 1. CP. J.
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rekain Short	ā. '		PHYSICIAN'S NAME (Type)	Ludwig Bene	dict	, M. D.									
may be Page 3	5	220	BURIAL, GREMATH REMOVAL (Specify		7	C'ELUTISCO	1 1:	State 2	120	27d LOCAT	ION (City, town, or	county)	- (Stat	e) [
0 ~-		23.	FUNERAL DIRECTOR	'S SIGNATURE	Cx	ADDRESS	00	2 / 24	REC'E	BY REGIST	RAR 24b FG	PAR'S 5 GN	TORE C)	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution Residence before admission) PLACE OF DEATH M e. COUNTY **a** STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 16 c. CITY OR YOWN (If putside corporate limits, write RURAL and give negrest town) and give negres, lowel AK d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM 5208 Rela YES NO 3. NAME OF Day OF DEATH 19 5 (Type or print) 5 SEX 6. COLOR OR RACE MARRIED NEVER MARRIED 8. DAZE OF BIRTH P. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS lost burthday) Months WIDOWED -DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 5208 Kircu 16 CAUSE OF DEATH [Enter only one cause per ine for (a), (b), and (c).] NTERVAL BETWEEN ONSETANG DEATH PART I DEATH WAS CAUSED BY: u dded IMMEDIATE CAUSE (a) **DUE TO** Canditions, if any, which gave rise to immediate cause **DUE TO** (a), clating the underlying couse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALD SEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? NO. 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of Item 18.) PR MARY | ar CONTRIBUTING | 20d INJURY OCCURRED | 20m PLACE OF NJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or fown) {County} (State) factory, street, office bldg., etc.) Hour o. m. While Not white at work at work 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection , Inquiry Accident Suicide | Homicide | Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUT DEPUTY MEDICAL EXAMINER NAME (Type) 720 BURIAL CREMATION, 1726, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 72d LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE 246 REG STRAB'S SIGNATURE VS. A15ME(5) DATE 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist No necessary, please PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived of Institution, Residence before admission) a. COUNTY b county Baltimore MARYLAND Anne Arunde Maryland b. CITY OR TOWN (if outs de corporate limits, write RURAS c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Severna Park One hour Baltimore d. NAME OF HOSPITAL OR INSTITUTION. (If not in hospital, give street address) d STREET ADDRESS . IS RES DENTE ON A FARM? YES NO. Severn River 2013 Kernan Drive 3. NAME OF DATE First Middle Lost Day Year DECEASED (Type or print) DEATH Dala Franklyn 19 Turlev June 30th 1957 6 COLOR OF RACE 7. MARRIED NEVER MARRIED 1 8 DATE OF BIRTH 5. SEX 9 AGE In yours IF UNDER IMEAR IF UNDER 24 HRS 3/8/40 Manths Days Haum WIDOWED [7] DIVORCED [7] YIN Do JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) gug Student St. Louis, Missouri. U.S.A. s may I 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pages 1, Harold E. Turley Ruth Maybelle Webb Poge 15 WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give 219-26-2604 and Mrs. H.E. Turley (parents) 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Accidental Drowning Sudden IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which] gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. o PART 1. OTHER'S GNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION OF INFORMATION OF THE PART 1.0 THE TERM NAL DISEASE CONDITION OF THE PART 1.0 THE TERM NAL DISEASE CONDITION OF THE PART 1.0 THE TERM NAL DISEASE CONDITION OF THE PART 1.0 THE TERM NAL DISEASE CONDITION OF THE TERM NAL DISEASE CONDITION OF THE PART 1.0 THE TERM NAL DISEASE CONDITION OF THE TERM NAL DISEA 20 PERFORMED? 21 NO [20g EXTERNAL CAUSE WAS PRIMARY Gran CONTR BUTING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part I of Item 18.) CAUSE OF DEATH. Drowning (Developed cramps MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) 20c TIME OF INJURY Month, Day, Year (County) (State) factory street office bldg , etc.] While .43p = 6/ at wark at work Severn River Sverna Park.A 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry X. and find that RECTOR: death resulted from Natural causes Accident Y, Suicide Hamicide . Undetermined cause DATE SIGNED ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY EXAMINER'S Gustave H. Faubert, M.D. DEPUTY MED CAL EXAMINER N June 30th 1957 FUNE 22g BUR A. CREMATION, 122b DATE THEREOF 22¢ NAME OF CEMETERY OR CHEMATORY 22d LOCATION (City, fown, or county) (5 ore) REMOYAL (Specify) 0 7-3-1957 Buris Lorraine Park Woodlawn **ADDRESS** 23 FUNERAL DIRECTOR'S SIGNATURE 24a REC D BY REGISTRAR 246. REGISTRAR'S SIGNATURE A15ME(5) 5M 9755

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05933zCERTIFICATE OF DEATH 5934 Reg. Dist. No. PLACE OF DEATH 2 USBAL RESIDENCE (Where deceased lived If institution: Residence before admiss on) a. COUNTY g. STATE b. COUNTY Ball MARYLAND Anne Arundel Maryland timore Cit.v deoth. uneral b. CITY OR TOWN (If autside corporate limits, write E LENGTH OF STAY IN 16 c. CITY OR TOWN (It autside corporale limits, write RURAL and give nearest town) RURAL and give nearest lawn) Crownsville 7yrs.6mos.3davis Baltimore City d NAME OF HOSP TAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Crownsville State Hospital 404 N. Durham Street YES I NO F NAME OF Middle 4. DATE Yeor DECEASED (Type or print) Gartrude Washington DEATH 6 19 19 5 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 5 SEX AGE (In years last birthday) HE JNDER I VEAR IF UNDER 24 HRS Months. Hours Female Negro WIDOWED TO DIVORCED | 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? Preacher District of Columbia pup 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Not given Not given 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT State Hospital Hospital Records Jnk Unk. Unk. Crosmeyille 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c,) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) Hypostatic Pneumonia DUE TO Senility and Malnutrition gub Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse last. 1/4/5 PAIT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? Hypertensive Cardiovascular Disease YES NO T 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury to Part Lot Part U.of. stem 18.) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) (County) (Stole) Hour o. rs. factory, street, office bldg., etc.) While Nat while a. m. of work at work 21. I certify that I attended the deceased from 19. 57 that I lost saw the deceased 2:450 eM, from the causes and on the date stated above. alive on, and that death occurred at ADDRESS (Street, city or lown, state) ACTUAL SIGNATURE Crownsville, Md. PHYSICIAN'S McHenry NAME (Type) ionel Manp. FUNER oge 3 s SURFAL, CREMATION 226. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d LOCATION (Stole) 9 ADDRESS 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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BUREAU V. S.

5880 CERTIFICATE OF DEATH Reg. Dist. No. filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a STATE b. COUNTY MARYLAND Anne Arundel Marvland Anne Arundel ero CITY OR TOWN of pulside corporale limits, write **CLENGTH OF STAY IN TH** c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fawn) RURAL and give negrest town) plant Annapolis Annapolis d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? Hill Street H111 Street YES NOT NAME OF First Meddle DATE Lost Month Day Year DECEASED OF MARY WELLS (Type or print) J HMD 18 19 57 8 Poge 5 SEX 6. COLOR OR RACE 7 MARRIED IN NEVER MARRIED TO AGE fin years IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BURTH last birthday) Months Dovs Hours Min. WIDOWED [DIVORCED T 75 yrs Female May 28, 1882 cample Dangra 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY death. during most of working life, even if retired) House wife own home Puo Annapolis. Md. USA offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 9 Michael Levy Mary Barbars unlenown) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT attending no no Mr. Daniel W. Wells- Husband- same as none 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) } INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) MADEDIAGE **DUE TO** à GENERALIZED QUA Conditions, if any, which peen signed gove rise to immediate Per **DUE TO** couse (a), stating the underly ng couse lost burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? CATI YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW NIURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) AEDICAL 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f (City or town) Day, Year (County) (Stole) 629 factory, street, office bldg., etc.) 0. 71. While Not while at work [7] at work p. m. 21. I certify that I attended the deceased from JUNE 1957, that I last saw the deceased and that death accurred at 5:12PM, from the couses and on the date stated above. RECTOR: ADDRESS (Street, city or lown, stole) DATE SIGNED ACTUAL SIGNATURE registrar PHYSICIAN'S Edward S. Beck 41 Southgate NAME (Type TO FUNER O 220. BURIAL CREMATION, | 226. DATE THEREOF 22L NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) June St. Mary's Cemetery Annanolis Maryland ADDRESS 23. FUNERAL DIRECTOR'S SIGNATUM 240, REC'D BY REGISTRAR | 246 REGISTRAR'S SIGNATURE VS A15 (4) Annapolis. DAJE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 red by the haspital or attending physician and completely filled a be detached for the certificate has been signed by the attending physician and completely filled a be detached for the certificate has been signed by the attending physician and completely filled are payen to the certificate has been signed by the attending physician and completely filled are considered.

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